

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 is a residential care home providing personal care to 34 people. At the time of the inspection there were 30 people living at the home.

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

We found people could be at risk of experiencing environmental injuries should they fall against uncovered radiators, unsecured furniture or get tangled in electrical wires. No risk assessments identified these risks and no actions were being taken to mitigate those risks. Where people had been found unsupervised outside of the care home, we found no incident record had been logged and their risk assessment confirmed the incident but had failed to record actions taken to mitigate future incidents. People who were new to the service did not have a personal emergency evacuation plans (PEEPs) in place prior to our inspection. Action was taken during the inspection to address this shortfall. PEEPs are important as they give details to what assistance and or equipment someone might need in the event of an emergency.

During our inspection we identified improvements required to infection control procedures within the home. This included clinical waste bins not being the recommended pedal bin type, improvements to the cleaning of high touch points and ensuring accurate records were in place. Visitors on our arrival required access to surgical face masks action was taken to address this during our inspection. Improvements were also required to ensure the environmental risks were identified and mitigated where possible to people within the lounge and dining areas in relation to COVID-19. Guidance was not being followed on people's admissions within the home and risk assessments had not been undertaken for all new admissions.

Improvements were required to the recording of people's Medicines Administration Charts as not all people had records in place relating to the administration of pain patches. We found people were at risk of cross infection as medicines were being administered from dirty contaminated plastic disposable cups. People had access to medicines which were not securely locked away. We found during our inspection medicines being disposed of and left in a black plastic disposable sack, whilst the member of staff left the trolley to administer medicines to people. This left medicines accessible to people and staff as they were not securely locked away.

The providers quality assurance system had failed to identify the shortfalls found during this inspection. For example, we found shortfalls relating to the recording and reporting of incidents and accidents, along with infection control procedures and the use of equipment and cleaning within the service. We found systems had also failed to identify environmental risks, how these were being managed and the recording of the risks and what actions were being taken to mitigate the risks.

People told us they felt safe. Although we received mixed feedback about the quality of the care and support people received. This related to the use of agency staff and at times staff's attitude. The service was using agency staff which was having a negative impact on the care and support people received. People told us

the support they received from agency staff was not of the same quality and there had been a recent occasion where the agency staff had arrived late which had affected people's morning routines.

Staff had received safeguarding training and knew how to identify abuse and who to go to. People, staff and visitors were part of regular testing and people received visits in line with government guidance. Support was provided to people by staff who had pre employment checks completed prior to commencing their employment.

The provider undertook relatives' meetings and they sent regular updates in between. When people were unable to receive visitors, the service provided regular updates via newsletters, emails and phone calls. Quality assurance questionnaires were sent to people, relatives and staff so their feedback could be sought. Staff felt improvements had been made since the change in ownership at the home and staff felt supported and happy working at Oaktree Lodge. Some felt improvements could be made to ensure vacancies were filled rather than using agency staff. The registered manager attended meetings with other registered managers, and they felt they had a positive working relationship with local health and social care professionals.

Rating at last inspection

The last rating for this service was Good. (February 2018)

Why we inspected

This inspection started as an infection prevention assurance inspection. 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.

During this inspection we identified concerns and therefore we opened this inspection up to a focused inspection looking at Safe and Well-led.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have identified breaches in relation to the environment, the safe management of medicines and managing risk. We also identified improvements were required to the providers quality assurance process to improve provider oversight.

Please see the action we have told the provider to take at the end of this report.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

This inspection was undertaken on the 12 January and the 18 January 2022.

Service and service type

Oaktree Lodge Residential Home is a care home. People in care homes receive accommodation and 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced on the morning of our inspection.

What we did before the inspection

Before the inspection we reviewed the information, we had received about the service. We reviewed CQC notifications, which are events that happen in the service that the provider is legally required to tell us about.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

During our inspection we observed interactions between staff and people and the administration of medicines. We reviewed nine people's care records relating to their care and treatment, the management of the service, including policies and procedures, risk assessments, questionnaires and action plans. We spoke with two people about their day and how they were, three staff, the registered manager and the deputy manager.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We sent emails to health care professionals and received a reply from one. We gained feedback from four people and seven relatives of people using the service along with two care staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated 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

- Medicines were not always managed safely. For example, on the first day of our inspection we found people were at risk of cross infection. We observed people having their medicines administered from dirty and contaminated disposable plastic cups. We raised this immediately with the deputy and registered manager. New disposable plastic cups were put in place during our inspection.
- Medicines were not always stored safely. During our inspection we observed staff place medicines into a large black plastic sack on the side of the trolley. We had identified similar practice on our inspection in February 2018. On this inspection, we found various types of medicines such as paracetamol within this black plastic bag. These medicines were therefore accessible to anyone. We raised this with the registered manager and deputy who took immediate action.
- Medicines which required refrigeration were not always stored safely. For example, we found the fridge which had medicines such as eye drops had no lock on it and the door to the room where the fridge was left open and accessible to anyone. We fed this back to the registered manager and the provider.
- Not all people's medicines administration records (MARs) confirmed people had received their medicines as required. People's MARs confirmed topical creams and tablets had been administered however not all people had a completed MAR chart for their pain relief patches.

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.

- Staff received training in the safe administration of medicines. The manager and deputy undertook competency checks prior to staff being signed as competent to administer medicines.
- The providers medicines audit had failed to identify shortfalls relating to the recording of pain patches and the safe storage of medicines.

Preventing and controlling infection

At our last inspection we signposted the provider to resources to develop their approach in relation to infection prevention and control. This included the process for admissions, the use of correct pedal bins for infection control and social distancing guidance. During this inspection we found some improvements were

still required.

- We were not always assured that the provider was meeting shielding and social distancing rules. For example, the layout of the lounges and dining room were not supporting one-meter social distancing and at times people were sat within a foot of each other. At the time of the inspection the providers risk assessment failed to identify this risk and what actions were being taken to mitigate the risks associated with this practice. Following our inspection, we were sent an updated risk assessment.
- We were not assured that the registered manager had a good knowledge of how to admit people safely to the service. For example, during our inspection we found new people had not been admitted in a way that followed government guidance. We also found no risk assessment had been completed that identified any COVID related risks, conversations with the local health protection team or actions taken to mitigate the risks.
- We were not assured that the provider was using PPE effectively and safely. For example, we found used personal protective equipment was placed in waste-paper bins and clinical bins were not always pedal bin types. We raised similar concerns to the registered manager and provider at our last inspection. This meant assurance systems were not always robust to address similar issues from occurring.
- We were not always assured that the provider was preventing visitors from catching and spreading infections. On the first day of the inspection we found within the entrance lobby there were no surgical face masks available. A member of staff came into the building and entered the registered managers office without a surgical face mask on. We raised this with the registered manager. Improvements had been made on the second day and surgical face masks were available to all staff and visitors on arrival to the service.
- We were not always assured that the cleaning was sufficient within the service. For example, the service had experienced difficulties with sickness absence relating to domestic staff. We reviewed the cleaning schedules within the service. The cleaning schedules had not always been filled in to demonstrate cleaning of high touch points was being undertaken regularly. We raised this with the registered manager who following our inspection confirmed new cleaning schedules had been actioned to address this shortfall.

Improvements were required to ensure risks around the preventing and controlling of infections were improved. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was accessing testing for people using the service and staff.
- 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.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency.

- People at the time of our inspection were receiving visits from family and friends.
- The service was meeting the requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Assessing risk, safety monitoring and management

- The environment was not always safe. People could be at risk from radiators that posed a risk of scalding people should they fall or lean against them. These risks had also failed to be identified and mitigated through robust individual and environmental risk assessments. We raised this with the registered manager and provider for them to take action to address this risk.

- During the inspection we identified heavy items or furniture such as wardrobes and chest of draws which were not secured to the wall. This posed a risk to people should they become unsteady on their feet and use the item for stability. This was because the item could become unstable and fall on top of them. No environmental or individual risk assessment had been undertaken to identify the risk and what actions were being taken.
- One person could be at risk of trips and tangling themselves in trailing wires. As we found wires on one person's shelf by the side of their bed. We also found cables and leads on the floor by the persons chair and bed. No individual or environmental risk assessment had been undertaken to identify these risks or what actions were being taken to mitigate the risk.
- Not all people had personal emergency evacuation plans (PEEPs) in place. Personal emergency Evacuation Plans are important as they give details to what assistance and or equipment someone might need in the event of an emergency. During our inspection we found a number of incomplete personal evacuation plans for people who were new to Oaktree Lodge Residential Home. Action was taken during our inspection to complete these PEEPS and ensure personal information was up to date.

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 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During our inspection we identified one person's risk assessment required additional information relating to actions taken following them being found unsupervised outside of the care home. The person required supervision from staff at all times to access the community safely. Some actions had been taken by the provider to fit alarms to most external doors. However, the door where the person was believed to have exited from was yet to be alarmed and was being opened at the time of the inspection by a key. The registered manager confirmed they planned to have this door alarmed in the future. The person's risk assessment confirmed the incident but had failed to record actions taken to mitigate future incidents.
- Certificates were in place for water safety, electrical safety and equipment such as hoists and the home's lift.
- People's care plans had risk assessments in place for moving and handling and where people were at risk of falls.

Learning lessons when things go wrong

- The registered manager had an incident and accident log. We were sent copies following our inspection. We identified not all incidents and accidents had been recorded within this log. For example, one person in July 2021 had experienced an incident resulting in 18 stitches. No log had been recorded and no notification had been made to The Care Quality Commission at the time of the inspection. We also found no record of incidents where four people had left the service unsupervised. This related to two incidents in March 2021, one in July 2021 and one in November 2021. Although notifications had been sent to CQC relating to these incidents there was no record of these incidents occurring on the registered managers incident and accident log or action taken to prevent a similar reoccurrence from happening again.
- The provider had also failed to identify shortfalls relating to the recording of incidents and accidents. There is more information on this in the well-led section of the report.

Staffing and recruitment

- People, staff and relatives had mixed views on whether there was enough staff. For example, one person told us, "We have to wait a long time to go to the toilet. This happens frequently". Another person told us, "The staffing is getting better now". One relative told us, "They are short staffed, the staff are nice. They could do with a few more". Staff told us, "The team are really good. A few staff have left they are doing their

best, agency comes in". Another member of staff said, "Could do with more staff, we do have agency". The staffing rotas were in line with the registered managers identified staffing levels. The manager and deputy were also available to provide additional support during this time.

- People did not always feel supported by staff who knew them well. One person told us, "Some of the agency aren't very good". Another person told us, "Agency don't know a great deal". The registered manager confirmed they were using agency staff at this time to support the service due to vacancies. They told us they aimed to block book the same agency staff, so people were supported by agency staff who they had previously met.
- During our inspection the area manager and the registered manager both confirmed improvements were required to the staffing within the service. This was an area they had identified prior to our inspection. For example, on the weekend prior to our inspection the service had experienced agency staff arriving late to the service. This had affected people's morning routine with care being delivered later than people would normally have experienced. The registered manager was aware of this incident.
- People were supported by staff who had pre-employment checks completed. Checks included, a Disclosure and Barring Service (DBS), references and identification checks. A DBS check, reviews if the applicant is suitable to work with vulnerable people.
- The provider at this time was using agency staff as a measure to mitigate the risks associated with COVID-19 related staff pressures.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt safe and happy about the care they received. People told us, "Yes I feel quite safe". Another person when asked if they felt safe said, "Yes". One relative told us "Amazing staff, brilliant". Another relative told us, "We feel staff have been caring and respectful of [Name]". Staff when asked if they feel people are safe said, "I do yes. They all seem happy". Another member of staff said, "Safe in the service yes".
- Staff had received safeguarding training. Staff we spoke with were able to identify the different types of abuse and who to raise concerns with. Staff told us, "Abuse is mental, physical and verbal. I would go to the senior, deputy, manager or provider". Another member of staff told us, "I go to manager, the provider, The Care Quality Commission".
- The registered manager raised safeguarding concerns with the local authority when required.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The quality assurance systems in place were not robust at identifying shortfalls identified during our inspection. For example, we found shortfalls in infection control procedures. This included clinical waste bins being flip top style and waste-paper bins having used gloves disposed of within it. Shortfalls in the recording of the cleaning of high touch points had also failed to be identified through the providers quality assurance system.
- Not all people had medication administration charts in place relating to the recording and application of their pain relief patches.
- The medicines audit had failed to identify the practice of putting the previous months medicine into plastic black disposable sacks onto the end of the medicines trolley along with medicines fridges not being locked had also not been identified within the last medicines audit.
- Environmental and individual risk assessments were not in place for hot surfaces such as radiators, wires, heavy furniture, and new admissions to the service in line with COVID-19 government guidance. We also found shortfalls at the time of the inspection relating to people's Personal Emergency Evacuation Plans.
- Where incidents had occurred with people leaving the service unsupervised and injuring themselves, the provider had failed to identify shortfalls in the recording of these incidents including actions taken.
 - Following our inspection, the provider sent us confirmation of performance monitoring for the service. This confirmed there was a system for monitoring the amount of incidents, safeguarding referrals and open investigations, staff meetings and meetings held with residents. However, we found this system had failed to identify shortfalls found during this inspection.
- Although incidents were being managed within the service and the registered manager informed people and their families when required. We were not always satisfied that notifications were being made when required or that the incidents were being logged so there was clear audit trail of the incident including actions taken to prevent similar incidents from reoccurring. The registered manager took action to notify us of an incident following our inspection.

The provider had failed to ensure there was a robust quality assurance system in place. This is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider held monthly meetings with the registered manager. The meeting reviewed vacancies and recruitment, updates on the maintenance of the home, completions of works and audits plus risk management.
- The provider was making improvements to the security of the building, the call bell system and electronic systems.

Continuous learning and improving care

- We could not be satisfied that the providers systems in place supported and contributed to effective learning and improvement of the service. However, we did receive positive feedback from staff and relatives about the management of the service. Staff told us, "I see the provider and the person from Manor Community". Another person told us, "We see the provider in the day". One relative said, "I can speak quite openly to management". Another relative said, "There is good communication between the service and management".
- Staff attended a daily handover meeting prior to starting their shift. This was an opportunity for staff to discuss any changes with people's individual needs. One member of staff told us, "We have hand over meetings when we come in". They confirmed these meetings were an opportunity to share what had happened on the previous shift.
- The registered manager held staff meetings. These were an opportunity for staff to raise any issues or concerns and for the registered manager to share information. Records confirmed this.

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

- People's feedback on their care experience at this time was mixed. One person told us, "They're a good bunch here". They then went on to say, "They've got some good ones". Another person told us, "Its very good on the whole". However, we did receive some comments around the odd member of staff's attitude. For example, one person told us, "There's one or two" they went on to say were not very helpful. Another person said, "Some are good, sometimes bad". We spoke to the registered manager who was able to demonstrate actions they were taking to address performance and improve people's care experience.
- Relatives feedback was mostly positive about the care their loved one received however we received some comments around improvements to the staffing, cleanliness of the building and communication. One relative told us, "They are short staffed. The staff are nice although communication isn't always clear and there is a barrier with wearing masks as people can't hear as well". They also told us, "I would say its tidy however could do with a deep clean in places as there are dirty skirting boards and smells at time". Another relative told us, "Communication isn't great. I've asked about a lamp in [Name's] room however they still haven't sorted this". Another two relatives told us, "They look after [Name] well. They are always very friendly" and "I'm very happy with the care [Name] receives at Oaktree. The staff are kind, caring and always share a little story about [Name's] day".
- Staff were happy working at Oaktree Lodge Residential Home although they felt improvements could be made to the staffing situation. One member of staff told us, "The team are really good and I'm happy here. But it's hard when you haven't got the staff". Another member of staff said, "Could do with more staff. We do have agency staff, I work with them most shifts".

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

- The provider had meetings and regular communication with relatives. Records confirmed this.
- People, relatives and staff had their views sought through satisfaction questionnaires.
- People's views were sought in relation to how safe they felt and if people were happy with their help and support. Almost all people rated the care and support they received as being satisfied and happy. Where the

service had received responses from people experiencing staff not listening to their worries or concerns or needing to speak to the manager. We found no action had been taken following people's feedback so improvements could be made to people's experience.

- All relatives who completed their questionnaires at the time were satisfied with their loved one's experience. Relatives were asked if they were happy with the care and support their relative received, along with the quality of the food, activities, the cleanliness of the building and staff attitude.
- The staff satisfaction surveys had limited feedback. We were only able to see three areas where staff had responded. Out of the eight responses most staff were satisfied in their role and would recommend working for Oaktree Lodge, one was not. All were happy with the change in ownership.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider liaised with people and their families in an open and transparent manner. We were sent regular updates from the provider about meetings they had conducted during the pandemic. This kept relatives up to date with changes and improvements within the service.

Working in partnership with others

- The registered manager worked in partnership with health care professionals such as, district nursing staff, GP's, social workers and the safeguarding team. The registered manager confirmed they also liaised with the providers other managers and they felt this was beneficial to sharing different experiences, ideas and perspectives.
- The service had changed ownership during the pandemic. The new provider confirmed they were making efforts to improve the safety of people living at the service by installing new doors and an alarm system.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Improvements were required to ensuring individual and environment risks were identified and risk assessed to prevent avoidable harm or risk of harm relating to safe care and treatment.</p> <p>The administration of medicines required improvement, including safe storage, handling and the recording of medicines administered.</p> <p>Infection prevention control required improving relating to the use of clinical bins, staff and visitors having access to surgical masks and the cleaning of high touch points and the recording of this.</p> <p>Regulation 12 (2) (a) (b) (d) (g) (h)</p> |
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure effective quality assurance systems were in place to identify shortfalls found during our inspection.</p> <p>Regulation 17 (2) (a) (b)</p> |