

Oakwood Lodge Care Home Limited

Oakwood Lodge

Inspection report

20 Argyle Road
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Essex
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Oakwood Lodge is a care home registered to accommodate and support for up to eight people with mental health needs. At the time of the inspection, eight people were living at the home.

People's experience of using this service

Most care plans contained suitable and sufficient risk assessments to effectively manage risks and help keep people safe. However, risk assessment for one person was not being followed in full. Medicines were administered as prescribed. However, PRN protocols were not in place for medicines only to be given when needed. We made a recommendation in this area.

Pre-employment checks had been carried out to ensure staff were suitable to support people. Staff were aware on how to safeguard people from abuse. There were appropriate numbers of staff to support people when required.

Staff had completed essential training to perform their roles effectively and staff felt supported in their role. 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 received care from staff who were kind and compassionate. Staff treated people with dignity and respected their privacy. Staff had developed positive relationships with the people they supported. They understood people's needs, preferences, and what was important to them. People were encouraged to be independent and to carry out tasks without support.

Care plans were person centred and included people's support needs. People participated in regular activities to support them to develop and maintain relationships to avoid social isolation.

Systems were in place for quality assurance and quality monitoring to ensure people received high quality care.

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

Rating at last inspection

This service was registered with us on 8 April 2020 and this was the first inspection.

Why we inspected

This was a planned inspection based on when the service registered with us.

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.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

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 well-led.

Details are in our well-led findings below.

Good 

Oakwood 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

Oakwood Lodge is a care home providing care and support for people with mental health needs. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced and took place on 13 June 2022 and on 21 June 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well

and improvements they plan to make.

We reviewed the information we already held about the service. This included their registration report, notifications and inspection reports under the providers previous registration. A notification is information about important events, which the provider is required to tell us about by law. We used all of this information to plan our inspection.

During the inspection.

During the inspection, we spoke with the provider, registered manager, home manager, four people and two staff. We observed interaction between staff and people. We reviewed documents and records that related to people's care and the management of the service. We reviewed four care plans, which included risk assessments. We also looked at other documents such as medicine management, training and quality assurance records.



Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant that 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 being managed safely.
- Medicine Administration Records showed that medicines were administered as prescribed. Staff also recorded the number of medicine outstanding following administration, which we found was accurate.
- Staff had been trained in medicines management and told us they were confident with managing medicines.
- PRN medicines which are medicines when needed were being administered when required. However, PRN protocols were not in place to ensure that PRN medicines were administered safely and to ensure there were no side effects.

We recommend the home follows best practice guidance on PRN medicines management.

Assessing risk, safety monitoring and management.

- Risk assessments had been completed in relation to people's health conditions such as with mental health. Assessments included triggers if people's health deteriorated with control measures to guide staff to minimise risks and keep people safe.
- Risk assessments had also been completed on falls and on people health conditions such as diabetes, which included measures to keep people safe.
- However, for one person we found their risk assessment was not being followed. Their risk assessment included that fruits to be placed in their rooms to ensure they have a balanced diet and we observed that this was not the case. We observed there was fruits in the kitchen, which the person had access to. The management team told us that they would ensure fruits were placed in the person's room.
- Premises and fire safety checks such as fire drills, gas safety and portable appliance checks had been carried out to ensure the premises was safe to live in. However, we found the electrical service had expired 12 months ago and a service had not been carried out to ensure the premises were safe. This was completed immediately after our first site visit.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- There were processes in place to minimise the risk of abuse and incidents. Staff we spoke to understood their responsibilities to protect people's safety and had been trained in safeguarding people from abuse.
- People told us they were safe. One person told us, "I feel safe here, no problem."

Learning lessons when things go wrong

- There was a system in place to learn lessons following incidents.
 - Incidents had been recorded and included the incident and action taken to ensure people were safe.
- Lessons were learnt following incidents to ensure the risk of reoccurrence was low.

Staffing and recruitment

- There were appropriate numbers of staff on duty to support people safely. A staff member told us, "We have enough staff here. People are fairly independent."
- We saw staff were available when people wanted them and they responded to people's requests quickly.
- Records showed relevant pre-employment checks, such as criminal record checks, references and proof of the person's identity had been carried out.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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

- The provider was facilitating visits for people living in the home in accordance with the current 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had completed mandatory training and refresher courses to perform their roles effectively. A staff member told us, "I have received good training here. They have given me proper induction." One person told us, "Staff know what to do and know me well."
- Regular supervisions and appraisals had been carried out. These focused on development, performance, objectives and enabled staff to discuss any issues they may have.
- Staff told us they felt supported. A staff member told us, "[Registered manager] is a good manager and supports me well."

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

- Pre-assessments had been carried out to identify people's backgrounds, medical conditions and support needs to determine if the service was able to support them.
- Reviews had been carried out with people regularly to ensure people received support in accordance with their current circumstances. This meant that people's needs, and choices were being assessed comprehensively to achieve effective outcomes for their care.

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

- Care plans included the level of support people would require with meals or drinks. People's weight was monitored regularly to ensure they were in good health.
- People were included in menu planning and staff asked them what they would like for meals. Records showed that people were given meals according to their preferences and food charts were in place that recorded meals people ate.
- We observed that people were able to eat together and told us they liked the food. One person told us, "Oh food is always delicious. I like the meat pie."

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

- Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health.
- Records showed that people had been supported to access health of services such as GP, chiropractor and community nurses to ensure they were in the best of health. People also had access to dental services, and we observed that people had access to dental care products to ensure they were in the best of oral health. An oral health care plan was in place, which included the support people may require with oral healthcare.

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.

- Staff had received training on the MCA and were aware of the principles of the act.
- Staff told us that they always requested people's consent before doing any tasks. A staff member told us, "I always ask for consent, I have too."
- DoLS application had been made in a timely manner to deprive peoples of their liberty lawfully for their own safety.

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

- The premises and environment met the needs of people who used the service and were accessible.
- There were two communal areas with a dining area. There was a garden that was maintained if people wanted to go outside. There was an outhouse, which the provider has plan to turn into an activities room.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; equality and diversity

- People told us staff were caring. One person told us, "Staff are always nice. Everyone is." We observed that staff had a positive relationship with people and spoke to them in a kind way.
- People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally.
- People's beliefs had been recorded on their care plans and included the support they needed in this area. Records showed people were also supported to their place of worship.

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

- People were involved in decisions about their care.
- Staff told us they always encouraged people to make decisions for themselves while being supported, such as with dressing and personal care. A staff member told us, "I always involve people with decisions on things like dressing, activities and food." A person commented, "They always involve us with things."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- Staff told us that people always had privacy. We observed that people went to their rooms for some private time without being disturbed. A staff member told us, "I respect people's privacy and dignity by talking to people in a nice way, knocking on peoples door and ensuring curtains are shut when I support them."
- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- Staff encouraged people to be independent. Care plans included information on certain tasks people completed independently such as with dressing and laundry. We observed that people were fairly independent and care plans had a section on independence, which included long term goals for people, which included supporting them to independent accommodation.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Care plans detailed people's support needs. Care plans included information on how to support people on areas such as personal care, skin integrity and nutrition. There was a resident register with essential contact numbers such as next of kin and health professionals. A staff member told us, "Care plans are helpful for what I do."
- Regular one-to-one sessions were held with people to ensure they were happy with the support and if their support needs had changed, which was then reflected on their care plans.
- There was an oral health care plan, that included information on how to support people with dental care and encourage people to maintain their oral health.

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.

- People were supported with activities. People had individual activity logs that showed activities they had participated in. Records showed that people went out to perform activities when required. The provider told us their plans to convert an outhouse into an activity's rooms.. A staff member told us, "People always do activities such as exercises and games, whatever they like. They also go out."

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.

- People's ability to communicate was recorded in their care plans, to help ensure their communication needs were met.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure. No complaints had been received since the last inspection.
- People told us they were aware of how to make complaints and that they would report to the management team.
- Staff were able to tell us how to manage complaints.

End of Life care and support

- At the time of inspection the service did not support people with end of life care. An end of life policy was

in place. The management team told us they ensured a policy was in place so they were prepared should they support people in this area.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Audits had been carried out on medicines and infection control. There was no system in place to carry out care plan audits as the registered manager completed and reviewed them. However, we advised that care plans can be audited by the provider or by a home manager from the providers other homes. We were informed this would be put in place.
- Care plans were regularly reviewed for accuracy to ensure people received person centred care.
- The management team were aware of their duties in regard to notifications and notified the CQC of incidents such as safeguarding and serious injuries.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was an effective system to gather people's and staff feedback on the service.
- Resident meetings were held with people to gather their feedback about quality of the service. Records showed people discussed about infection outbreaks, activities and nutrition.
- Staff meetings were held to share information, updates, risks and regulatory requirements. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team to ensure people received high quality support and care.
- People told us the home was well-led and liked living at the home. One person told us, "I love it here. Staff are lovely."
- Staff told us the service was well led and they enjoyed working for the service. One staff member told us, "I have no concerns. Everything is positive." Another staff commented, "(Provider) is a good manager and supports me well."
- The management team and staff were clear about their roles and regulatory requirements. Staff were positive about the management of the service. They felt they could approach the management team with concerns and these would be dealt with.

Continuous learning and improving care

- Quality monitoring surveys were in place and were in the process of being sent out to people and staff.
- The management team told us that they were always looking to improve the service through getting peoples and staffs feedback through meetings, supervisions and one to one sessions.

Working in partnership with others:

- Staff told us they would work in partnership with other agencies such as health professionals if people were not well, to ensure people were in the best of health. Records confirmed that people had access to a number of health services.