Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Oak Lodge Nursing Home

45 Freemantle Common Road, Southampton, SO19 7NG

Tel: 02380425560

Date of Inspection: 26 September 2014

Date of Publication: November 2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Bupa Care Homes (CFHCare) Limited
Registered Manager	Mrs Miranda Daniella Morgan
Overview of the service	Oak Lodge Nursing home provides care and support to older people with dementia and mental health illness. The home is situated on the outskirts of Southampton city.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Management of medicines	6
Staffing	8
Records	10
About CQC Inspections	11
How we define our judgements	12
Glossary of terms we use in this report	14
Contact us	16

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Oak Lodge Nursing Home had taken action to meet the following essential standards:

- Management of medicines
- Staffing
- Records

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 26 September 2014, observed how people were being cared for and talked with carers and / or family members. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We carried out an inspection to review medicines management and record keeping. We had set compliance actions following our last inspection in April 2014. We also looked at staffing as we had received concerns about staffing levels not being adequate. We considered all the evidence we had gathered under these outcomes, we inspected. We looked at the process the provider had in place for medicines, staffing and record management. We used the information to answer the questions we always ask;

Is the service safe?

Is the service well-led?

This is a summary of what we found;

Is the service safe?
There was a process which the staff followed to ensure people received their medicines as prescribed. Medicines was managed appropriately and maintained securely and this included controlled drugs. A random sample of the medicines in stock indicated prescribed medicines were available to people. The system for managing "bulk medicines" such as cream and ointments was being reviewed as this did not follow the provider's policy for prescribed medicines.

There was a planned staffing roster and staffing had been reviewed following recent concerns. There was adequate number of staff on the day of our inspection and staff received regular training and updates to maintain their skills.

Is the service well-led?
The records of care were maintained securely and available when we requested them.

Personalised records of care and treatment were reviewed regularly and changes recorded. The records, such as food and fluids were accurately completed during the day but at night they were not accurate. The provider had a system for the senior staff on shift to monitor this daily in order to address the inaccuracy of records for food and fluids.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. People were supported and received their medicines as prescribed. However the process for managing medicines which were prescribed a bulk was not fully implemented and robust.

Reasons for our judgement

At our previous inspection in April 2014, we found people were not protected against the risks of receiving their medicines as prescribed and safely. We set a compliance action and the provider told us how they were going to meet the requirements of the regulation.

During this inspection we found appropriate arrangements were in place for obtaining people's medicines. The home used a monitored dosage system which ran over a twenty eight days period. A senior staff member confirmed designated staff were responsible for ordering medicines and maintaining the records of medicines received. Medicines were ordered in advance to ensure they were delivered in time for the next month's cycle. This meant prescribed medicines would be available to people when they needed them.

Appropriate arrangements were in place relating to the recording of medicines. Staff followed their internal procedure for administering and recording on the medication administration record (MAR) charts. We looked at a random sample of twelve MAR charts and found medicines which had been administered were recorded appropriately. For example the record for a person on a blood thinning medicine contained details of the variable dosages of the medicines which were clearly recorded to inform the staffs' practices.

We carried out a random stock check of medicines and found they matched the records as maintained at the home. This also showed people had adequate medicines left until the start of the new cycle. People who were on "as required medicines" had care plans developed in order to provide consistency in "as required medicines administration". People were supported to receive their oral medicines as prescribed.

Medicines were stored securely and safely. Controlled drugs (CD) were managed appropriately and CD records checked were accurate and matched the CD stock. There

was a process of checking the room and fridge temperature to ensure medicines were maintained at the recommended temperature. Records of these checks were available at the home. Staff were aware of their responsibility for the safe management of medicines. The last internal CD audit was undertaken in June 2014, the report showed CD was managed appropriately. The report of the provider's internal audit in June 2014 had identified some discrepancies and an action plan developed. Any shortfall identified was also addressed with the staff and action taken.

Staff told us they had completed training and updates in the safe management of medicines followed by a competency assessment. The provider's internal audit had identified staff to complete medicines refresher training and complete competency assessment. This meant their audit looked at the training and competency of staff in medicines management.

The provider was using a "bulk system", a process where a quantity of some medicines was prescribed for a number of people. These included items such as creams, ointments and wound dressing. There was a policy and procedure in place for the management of bulk medicines received into the service. The policy stated "prescribing must be individualised for each individual resident and should be documented on the resident's MAR and in their care plan".

A random sample of MAR charts showed the staff were not following their internal procedure for the management of bulk medicines. For example although people were receiving creams and ointments from the "bulk system" these had not always been prescribed and recorded on their MAR charts. The staff told us they were experiencing difficulty in getting these items prescribed for the individual service user as required. Although the provider's policy clearly stated "the GP must ensure that all residents that are to be given bulk medication have the medication individually prescribed". A senior staff and the manager assured us this was being addressed with the doctors to ensure this process was managed appropriately. They were also reviewing the process for medicines which were used as bulk.

There was no audit of bulk medicines received and dispensed to individual people. We found the creams and ointments in people's bedrooms from the bulk medicines did not always contain the name of the person. Records of creams administered were maintained. Although action had been taken and the creams had been removed, the process for the management of bulk medicines was not fully implemented and according to best practice and provider's policy. Although action had been taken with medicines management, this was not currently fully embedded in practice.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs. Staff were supported to attend training to update their skills and knowledge for the benefit of people using the service.

Reasons for our judgement

We looked at this outcome as we had received concerns that there were not always enough staff to meet the needs of people. We raised this with the provider prior to the inspection. They responded to us that they had increased the staffing level to six care staff in one of the areas where it was felt there was a shortage. The manager told us they would be reviewing the staffing levels on a daily basis.

At this inspection the home was accommodating 51 people and the manager told us they had reviewed the staffing level as they had started admitting new people. They were also recruiting some new staff. During our inspection we observed staff were available in the communal areas and provided support to people in a calm and caring manner. We observed a person who was distressed received appropriate attention and care which calmed this person down to eat their meal.

Two staff told us they had 10 people to look after between them and an extra member of staff was providing one to one support for one person. The manager told us they had staff who worked part of the day shift until 0100. A staff told us they felt this was good as it provided support at the "busy times" and getting people ready for bed. The staff were anxious as the number of people admitted was increasing and the staffing level may not reflect this. This was brought to the manager's attention. They assured us they were reviewing the staffing, this would increase as needed to reflect the number accommodated and people's needs.

The manager told us the staffing roster was planned in advance. The last staffing audit was carried out in July 2014 which concluded there were adequate number of staff at the time to meet people's needs on all four floors. The planned staffing currently was there should be three registered nurses on day duty and two nurses on nights. We looked at the duty roster for the last two weeks prior to our inspection. This indicated as planned there were three nurses on day duty and two on nights. There was an average of 16 care staff on days and 8 on nights. Nurses and care staff also had the support of domestic, kitchen and laundry staff which meant care hours was not eroded by non-care tasks.

Staff were supported to attend training to update their skills. This included a week induction prior to commencing work. Additional training was completed such as wound care, medicines management. The registered nurses undertook training and updates as part of maintaining their professional registration. Most people living at the home suffer from varying degrees of dementia and mental health illness. Information from the provider showed 60 staff had completed training in caring for people with dementia. There was also training in August and September 2014 for "understanding behaviours that challenge". This meant people were supported by staff who received regular training and updates training to maintain their skills.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment as appropriate records of care were maintained. Records were maintained safely and securely to protect people using the service.

Reasons for our judgement

At our previous inspection in April 2014, we found people's records were not maintained accurately. We set a compliance action and the provider told us how they were going to meet the requirements of the regulation

During this inspection we found people's records were kept securely and could be located promptly when needed. The records of care, such as care plans and risks assessments were reviewed regularly to reflect any changes in needs. Wound care records showed they were reviewed and records were maintained about the treatment and condition of the wound. The provider internal audit had identified all wound care plans should include up to date photograph which staff said had been completed.

Medication administration record (MAR) charts were completed and care records contained details of assistance people needed with their medicines. Pain assessment recording tools had been developed, although one of these had not been reviewed as per the provider's internal process. Records, such as turning charts were completed and checks on pressure equipment were recorded. The provider may find it useful to note that, although the food and fluids and thickened fluids charts were fully completed during the day, they were not always accurate on nights. The manager said they had a system for the senior staff on shift to monitor this daily in order to address this shortfall.

Records were kept for the appropriate period of time and then destroyed securely. The manager told us they followed their policy on ensuring records were maintained for the required period and destroyed as appropriate.

Staff were aware of their policy for ensuring records were maintained for the required period and destroyed as appropriate. Although action had been taken with records keeping and management, this was not currently fully embedded in practice.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.