Key inspection report

Care homes for older people

<table>
<thead>
<tr>
<th>Name:</th>
<th>Oak Lodge</th>
</tr>
</thead>
</table>
| Address:       | Oak Lodge Freemantle Common Road  
                 Bitterne  
                 Southampton  
                 SO19 7NG     |

The quality rating for this care home is: one star adequate service

A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a ‘key’ inspection.

<table>
<thead>
<tr>
<th>Lead Inspector:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Anita Tengnah</td>
<td>1 1 0 6 2 0 1 0</td>
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</table>
This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

<table>
<thead>
<tr>
<th>Outcome area (for example Choice of home)</th>
</tr>
</thead>
<tbody>
<tr>
<td>These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:</td>
</tr>
<tr>
<td>This box tells you the outcomes that we will always inspect against when we do a key inspection.</td>
</tr>
<tr>
<td>This box tells you any additional outcomes that we may inspect against when we do a key inspection.</td>
</tr>
<tr>
<td>This is what people staying in this care home experience:</td>
</tr>
<tr>
<td>Judgement:</td>
</tr>
<tr>
<td>This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.</td>
</tr>
<tr>
<td>Evidence:</td>
</tr>
<tr>
<td>This box describes the information we used to come to our judgement.</td>
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</table>
We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

<table>
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<tr>
<th>Document Purpose</th>
<th>Inspection report</th>
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<tr>
<td>Author</td>
<td>Care Quality Commission</td>
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# Information about the care home

<table>
<thead>
<tr>
<th>Name of care home:</th>
<th>Oak Lodge</th>
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<tbody>
<tr>
<td>Address:</td>
<td>Oak Lodge Freemantle Common Road&lt;br&gt;Bitterne&lt;br&gt;Southampton&lt;br&gt;SO19 7NG</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>02380425560</td>
</tr>
<tr>
<td>Fax number:</td>
<td>02380425599</td>
</tr>
<tr>
<td>Email address:</td>
<td></td>
</tr>
<tr>
<td>Provider web address:</td>
<td><a href="http://www.bupa.com">www.bupa.com</a></td>
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<thead>
<tr>
<th>Name of registered provider(s):</th>
<th>BUPA Care Homes (CFHCare) Ltd</th>
</tr>
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<tbody>
<tr>
<td>Name of registered manager (if applicable)</td>
<td>Mrs Tracey Louise Hillier</td>
</tr>
<tr>
<td>Type of registration:</td>
<td>care home</td>
</tr>
<tr>
<td>Number of places registered:</td>
<td>71</td>
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## Conditions of registration:

<table>
<thead>
<tr>
<th>Category(ies) :</th>
<th>Number of places (if applicable):</th>
</tr>
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<tbody>
<tr>
<td>dementia</td>
<td>Under 65: 71</td>
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**Additional conditions:**

- The maximum number of service users who can be accommodated is: 71.
- The registered person may provide the following category/ies of service only: Care Home with nursing (N) to service users of the following gender: Either whose primary care needs on admission to the home are within the following categories: Dementia

### Date of last inspection

### Brief description of the care home

Oak Lodge is registered with the Care Quality Commission to provide nursing and personal care to 71 service users in the older persons' category for people with dementia. The service is situated on the outskirts of Southampton City and within a short distant from the facilities of Bitterne village. There is a good bus link to the city centre and the local railway station.

The home has a registered manager who is responsible for the day to day
<table>
<thead>
<tr>
<th>Brief description of the care home</th>
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<tr>
<td>management of the service. Information about the fees is available from the service. There is an extra cost for items that are not included in the service fees as charged.</td>
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Summary
This is an overview of what we found during the inspection.

The quality rating for this care home is: one star adequate service

Our judgement for each outcome:

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Rating</th>
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<tbody>
<tr>
<td>Choice of home</td>
<td>Poor</td>
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<tr>
<td>Health and personal care</td>
<td>Adequate</td>
</tr>
<tr>
<td>Daily life and social activities</td>
<td>Good</td>
</tr>
<tr>
<td>Complaints and protection</td>
<td>Good</td>
</tr>
<tr>
<td>Environment</td>
<td>Excellent</td>
</tr>
<tr>
<td>Staffing</td>
<td>Good</td>
</tr>
<tr>
<td>Management and administration</td>
<td>Good</td>
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How we did our inspection:

We made an unannounced visit to the home on 11 June 2010. This was the first visit as the service has been newly registered with the Commission in the past months. The visit was carried out by one inspector and completed over one day.

As part of our visit we sent out service users and staff surveys to the home in order to gain their views about the service. We also spoke to a number of the service users, members of staff, visitors and the manager and deputy manager.

We looked at some of the care records, medication records, staff training and recruitment records, records and information such as notifications sent to us by the home. We sent out the annual quality assurance assessment (AQAA) to the home prior to our visit. This is a self assessment completed by the home and gives us information and also some numerical data about the service.
We received feedback surveys from 6 members of staff and a healthcare professional but did not receive any from the service users. These comments will be reflected in the report as appropriate.
What the care home does well:

The service is new and provides a well maintained, warm and homely atmosphere and meet the needs of the service users.

There is a detailed pre admission process in place that staff followed to ensure that they can meet people's needs prior to them coming into the service.

There is a varied activity program that offers people choices and is service users' focused and meets with their satisfaction.

People are supported to maintain links with their family, friends and the local community.

There is a satisfactory complaint process in place and people say that they feel confident to raise their concerns.

There is a training program in place that staff say supports them in their work.

There is a registered manager who is supported by staff and there is a clear line of accountability for the service and people who live there.

What has improved since the last inspection?

This was the first inspection of the service since its registration with the Commission.

What they could do better:

Some of the care plans and assessments would benefit from further development to ensure that they reflect accurately the current needs of those accommodated.

The records of food and fluids were lacking and this may put people at risk of not receiving their care in a consistent manner.

The medication management and records of medicines administered were lacking and may pose risk to people's welfare and of them not receiving their medicines as prescribed.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.
Details of our findings

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Health and personal care (standards 7 - 11)
Daily life and social activities (standards 12 - 15)
Complaints and protection (standards 16 - 18)
Environment (standards 19 - 26)
Staffing (standards 27 - 30)
Management and administration (standards 31 - 38)
Outstanding statutory requirements
Requirements and recommendations from this inspection
Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The pre assessment process is well managed. People do not move into the home unless their care needs have been assessed and the home is confident they can provide a service to meet the assessed care needs.

The home does not provide intermediate care but does offer short periods of respite care.

Evidence:

We looked at the pre-admission records of three recently admitted residents. We found that detailed assessments of care needs were available and there was evidence that the family or other representatives were involved in the assessments where people were not able to fully contribute to the assessment themselves. The assessments included moving and handling, weight, past medical history, mobility and other support needed. The manager stated that this information is used to contribute in the development of an individual plan of care.
Evidence:

The home offers the service users the opportunity of visiting the service prior to admission. They did not visit due to their frailty and poor health but their relatives visited. We spoke to one of the relatives who said that they were given information about the service and the 'staff at the home were very supportive as this was a very stressful time'. A comment we have received was that people did not always receive the support from local council when looking for placement for their relative.

One of the comments was 'I knew that this was the right place.'

'The staff at the home have been wonderful and helped me to find local support group'

Another comment from a healthcare professional stated 'always' regarding assessments arrangements to ensure that the service has the right information prior to providing care.

The home does not provide intermediate care but does offer short term or respite care when needed.
Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

| People’s health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People’s right to privacy is respected and the support they get from staff is given in a way that maintains their dignity. |
| If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes. |

This is what people staying in this care home experience:

Judgement:

| People using this service experience adequate quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service. |
| Some care plans and risk assessments are in place, however they are not always adequate to meet all the service users' needs. |
| The management of medication is not consistent and inadequate, this puts people at risk of not receiving their medicines as prescribed. |
| The service users are well supported to access health care services as required. |
| People living in the home receive care that respects privacy and dignity. |

Evidence:

| This is the first inspection of the service. The annual quality assurance assessment (AQAA) that we received from the home told us that the home has introduced a key worker system and person centred care planning system has been implemented, which has been designed to enable every resident equality and diversity of needs to be recognised and care plans put in place. |
Evidence:

The care plans and assessments for four service users were looked at as part of this visit. Following assessments, care plans were developed that included moving and handling, pressure risk and dietary needs. The care plan for one person contained a dietary and nutritional assessment for the management of their diabetes. Other information related to blood sugar monitoring, diet and tablet controlled diabetic were included in the care plans to inform practice.

Detailed care plans were seen in relation to managing the service users' personal care needs. The map of life plans were developed with input from their families. Personal history and life style plans were developed. This is an important aspect of care planning as the service users are unable to fully participate due to their varying degrees of frailty and dementia.

The record of a service user showed that they had lost weight and the staff changed their plan of care to weekly weight monitoring and a daily nutritional chart commenced. This indicated that the staff would be recording their diets and fluids to ensure that they receive an adequate diet. These records seen were poorly completed with large gaps and did not accurately show what food and fluids they had received and may be to the detriment of the service user. This was brought to the attention of the staff at the time of the visit as action was required.

One of the service users was assessed as having difficulty swallowing and an assessment had been completed by the speech and language therapist (SALT). They had been prescribed a thickening agent to be added to their fluids, as part of their management for this problem. Another service user had also been prescribed a thickening agent and had not had a SALT assessment that the manager confirmed will be looked into.

We observed at lunchtime one of the service users was given their drink and did not have their fluid thickened as required. The staff has failed to follow the plan of care as required. This may put the service users at risk of aspiration and was brought to the attention of the staff at the time as immediate action was needed. Clear procedures need to be developed to inform the staff's practices regarding the amount of thickener to be added and also to ensure that people receive their thickened fluids according to their assessed needs.

Staff maintained daily records of care given and also visits by external professionals are recorded. The manager and staff reported that they have a handover period at the beginning of each shift and information is shared. The service users accommodated have complex needs including some challenging behaviours. Information was shared
Evidence:

with us regarding one of the service users who had displayed significant challenging behaviour during the week. There was no record of this in their care record seen and what action the staff had taken to ensure that the service user was safe and should include any monitoring that may be needed. The staff we spoke to were aware of the incident. The service users pressure risks were assessed on admission and reviewed, equipment such as profiling beds were available to support the service users. The care records showed that wound assessments/care plans were in place for the treatment of pressure ulcers. Some information was available regarding treatment, however further development is needed to ensure consistency and clarity for the staff in wound management.

All the service users are registered with the local surgeries and the service supports them to access health care services as required. The chiropodist visits six- weekly and the AQAA states that they will continue to develop access to NHS Physiotherapy and Occupational Therapy services for the service users. The community psychiatric team visits regularly and provides support to the service users. The manager reported that the local primary care team had been supportive and the service had sought their help as an advisory capacity for wound care management. Staff reported that the registered nurses are confident in the management of wound care at the service.

We looked at the medication management that the service undertook on behalf of the service users. Medications were stored safely and only nominated staff such as the registered nurses were responsible in medicines management at the service. The staff confirmed that none of the service users were managing their own medications.

The home was using the using the monitored dosage system that ran over a twenty eight days period. A record of medicine received and discarded was maintained. Controlled medicines was stored safely and records of these were maintained separately.

A sample of the medication administration record (MAR) charts was looked at. A procedure for the administration for 'as required' medicines was available to ensure that these are administered appropriately.

Staff maintained some records on the MAR charts of medications administered. However these were inconsistent as some gaps on MAR charts were identified. The MAR records showed that medications had been signed for as administered for some service users and we found these were these were still in the blister pack. The service was failing to demonstrate that people were receiving their prescribed medicines as required. A random check of the amount received and the remaining stock of
Evidence:

medication did not correlate and showed that there were extra tablets left for some of the service users. This puts the service users at risk of not receiving their prescribed medicines as required.

One person was prescribed an ointment that was in their room. It was reported to us that they have been applying this ointment inappropriately such as in the wrong place and for a different reason. This was brought to the attention of the manager, action was taken and the ointment removed from the bedroom. There was no risk assessment in place for this person to self-administer their medicines and should be developed to protect people from risk of harm.

The service had a drug fridge to ensure that medications are maintained at the correct temperature. Staff must ensure that medication such as Insulin contains the date of opening as this was not recorded, to inform staff practices and this is used as per manufacturer's guideline.

The home's AQAA states that the service has links with the local church and has contact details for faiths other than Christianity if needed. A person's sexuality is maintained by offering opportunities to socialise and where appropriate, beauty treatments.

We observed that care was provided in a respectful manner and the staff and service user had developed good relationship with each other. People we spoke to said that they were treated 'very well.'

Some of the comments were:

'I knew this was the right place for my relative.'

'The staff are always here to help and they look after my relative very well.'
Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The recreational programme is user's focused, well managed and continues to be developed providing good outcomes for people.

The meals are well managed and meet with the service users' satisfaction.

The home supports the service users to maintain links with their friends, families and the local community.

Evidence:

The AQAA states that the home's activity programme is specifically designed for people in all stages of dementia. This includes a virtual cruise each year, summer garden parties, trips out plus small groups and individual work within the home.

We observed the activity session in the morning that was interactive and people were enjoying this. We spoke to some of the service user and they told us that they enjoyed the games.

The home employs two activity co ordinators and a full activity programme has been developed and information about these are shared with the service users and their
Evidence:

relatives. The staff were highly enthusiastic and were proactive in the way that activities are managed so that it includes all the service users. Although this is a new team it was evident that they were continually developing the activities and provided good outcomes for people who were accommodated. The activity team continues to build links with the local community and schools.

Some of the planned activities for the coming month included themed weeks which incorporated different cultures from around the world such as Indian dancers, steel drums, polish and Chinese. In July creation of a day at the seaside is planned and a local group will be coming with small farm animals that the service user will be able to hold and pet. The activity staff are looking at introducing 'pat a dog' scheme and informed us that they are on the waiting list. The service has a hairdresser that comes in very week. External entertainers also attend the home and provide old time music and songs. The local vicar attends the service on a monthly basis and staff reported that people enjoyed the service and songs of praise.

The service has an open visiting policy and evidence fromm the visitors' book as maintained at the home supported this. People we spoke to said that there is no restriction on visiting and the 'staff made you always welcome.'

We observed the lunchtime meal at the time of the visit. The home has a planned menu and staff supported the service users to choose from the daily menu. The chef was serving the meals from a hot trolley in the dining room and said that there was always extra food in case the service users changed their minds. The lunchtime meal looked well presented, nourishing, appetising and choices were available. Staff were observed to offer support with meals in a sensitive manner. The service design is good as there is a small kitchen area attached to each unit where breakfasts and hot and cold drinks are available to the service users at all times.

Some of the comments about the meals were;'The food is very good.'

'I like the food and there is always plenty.'

People spoken to commented that their relatives enjoyed the meals and 'they have a choice, there is a menu that comes round.'
Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

<table>
<thead>
<tr>
<th>If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.</th>
</tr>
</thead>
<tbody>
<tr>
<td>People’s legal rights are protected, including being able to vote in elections.</td>
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</table>

This is what people staying in this care home experience:

**Judgement:**

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

There is a clear procedure for raising any complaint/ concerns and people are confident that the staff will act on them.

Training in safeguarding was available to the staff and procedures are in place to support the service users.

**Evidence:**

The home has a complaint procedure and detailed information about raising any concerns/ complaints are available at the service. This information is included in the statement of purpose and guide that are available to the service users.

The home maintains a log concerns received, the investigation and outcomes as required. The records seen at the time of the visit indicated that the registered manager had investigated the concerns and had responded to them as appropriate.

Training in safeguarding adults forms part of the staff's induction process as operated at the service. This is a new service and there had been a number of safeguarding alerts that had been referred to the local safeguarding team as per protocol. These have been investigated and the manager said that these related to practice issues as this was a new service and these have been resolved. The manager was monitoring this as part of their internal audit and this was working well.
Evidence:

People we spoke to were highly complimentary about the care and support. They told us that they would be happy to raise any concern with the staff/manager. They were keen to have it noted that they did not have any concerns and the 'staff did a very good job.'

People commented that 'the staff went the extra mile and supported them to find links/support in the Community.'
Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

| People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic. |
| People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it. |

This is what people staying in this care home experience:

Judgement:

People using this service experience excellent quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The service is clean, well maintained and homely and people were highly complimentary about their accommodations and facilities.

There is a procedure for the prevention/ control of infection at the service that the staff followed.

Evidence:

The service has been recently registered with the commission as a new home and this was our first visit. The home is a large purpose built and the service users are accommodated in small self contained units, with access to communal rooms such as lounge and dining rooms where a variety of activities takes place.

The AQAA from the service states that all rooms have thermostatic controls fitted to control room temperatures and reduce energy wastage. Policies and Procedures include infection control and the handling of clinical/hazardous Waste are in place. The Home is supported in maintaining the environment by a central team of 'experts' within the company.

Each unit has a small well equipped kitchen area and a lounge and the staff are allocated to support the service users. The manager said that the breakfasts were served from the unit's kitchen and there is facility to serve hot and cold drinks and
Evidence:

snacks at all times during the day and night. Cooked meals including breakfasts were provided from the main kitchen as required.

We observed that a number of the service users were in the communal lounge and taking part in activities. The dining room was also well attended at lunchtime and comment was commented that this was a sociable occasion and people appeared to enjoy and interacted well with each other.

All the service users are accommodated in single rooms and have en suite facilities. The bedrooms that we looked at showed that they were personalised. People spoken with said that they were encouraged to bring into the home items of personal belongings 'to make it as homely as possible.'

The home has in place equipment to support and maintain people's independence that included assisted baths, hoists, shaft lifts, hand rails and profiling beds. There is a dedicated team responsible for the cleaning of the service. The home was clean, fresh and staff followed infection control procedures and equipment such as gloves and aprons were available to them. Each of the floor has a sluice area and an internal laundry that was fully equipped and met with the service requirements. We walked round the home at various time and there was no offensive odour.

Staff were aware of their responsibilities in the management of substances that are hazardous to health and they were provided with lockable facility on the cleaning trolley that was used. This is to ensure that they do not put the service users at risk to their health and safety.
Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

<table>
<thead>
<tr>
<th>People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.</th>
</tr>
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<tbody>
<tr>
<td>There are no additional outcomes.</td>
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</table>

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

There is adequate staff to meet the current needs of people. Development of trained staff cover on night duty will ensure that this is appropriate to meet the service users' needs at all times.

The service has an induction and ongoing staff training program to support the staff in their work.

Evidence:

There were thirty three service users accommodated at the time of this visit. The service has a duty roster for the registered nurses and carers and a separate one for the ancillary staff supporting the carers.

The manager reported that the service has 1 registered nurse and 2 carers on the lower ground floor and 1 registered nurse and 5-4 carers on the first floor during the day shifts. Night duty ratio of registered nurses varied between 1-2 and and 3-4 carers. The provider is aiming at having two registered nurses on night duty which would be more appropriate due to the high/ complex needs of people accommodated and support that they require. This will ensure that people have the right support at all times. People spoken with said that there are 'usually ' enough staff available when they require help. Comments were' the staff are very good and always there to help the residents.'
Evidence:

We received six returned survey forms from the staff and their comments included:

'All staff work as a team to give the best care to the clients.'

'Send us for training and updates on the job.'

'I believe that Oak Lodge provides a safe and friendly environment to work. '

Staff told us that there is good support from the manager and her deputy. Checks are undertaken before they start work and that there are 'usually' enough staff. What could do better included: 'More regular staff meetings.'

An external health care professional commented that the service has 'supportive and helpful staff that makes access to patients easy.'

The home's AQAA that we received states that the skill mix and ratio of staff meets the residents' needs. They have robust recruitment procedures and induction and ongoing annual training program for the staff.

As part of assessing the recruitment process, we looked at three staff records. These showed that they completed an application form and references were sought. Necessary checks in the records seen indicated that Criminal Record Bureau (CRB) and POVA were sought and completed prior to the staff starting work.

The staff completed an in house induction program and records seen showed that some of the staff have completed national vocational training at level one and 2. There is an ongoing training program in place and a training matrix has been developed to help identify any gaps in training.
Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

<table>
<thead>
<tr>
<th>People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.</th>
</tr>
</thead>
<tbody>
<tr>
<td>People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.</td>
</tr>
</tbody>
</table>

This is what people staying in this care home experience:

Judgement:

People using this service experience good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

There service has a registered manager with clear lines of accountability for the home.

There is an internal audit that looks at care practices on a regular basis.

There is a satisfactory process for the health and safety of the service users. Care staff practices show that they do not always follow them and may put people at risk of harm.

Evidence:

The home has a manager who is a registered nurse and has completed the fit person process and is registered with the Commission as required. Staff and service users told us that they feel supported by the management structure and would approach the manager with any concerns. There are clear lines of accountability within the service and observation on the day showed that the staff had developed good working relationship with each other and the service users.
Evidence:

The manager confirmed that the home did not manage any of the service users' money and invoices are raised for items such as chiropody and hairdressing that are not included in the fees.

The home's AQAA shows that the home is managed with an open and transparent culture giving all staff and visitors the opportunity to discuss any issues or concerns. There are regular audits of care provision. This also included a three monthly Health and Safety meetings with a standardised agenda giving staff the opportunity to communicate issues in these areas.

Information from the AQAA shows that there is an ongoing program for the testing and servicing of equipments to ensure that they are fit for purpose. These included fire safety equipment, emergency lighting, lift, gas appliances that were carried out in February 2010.

We observed that one of the service users did not have a footplate attached to their wheelchair and this was brought to the staff's attention at the time of the visit as this may pose risk of entrapment/foot being trapped. Staff must ensure that they follow the home's procedures in health and safety and people are not put at risk of unnecessary harm.

As reported people administering their own medicines/ointments must be have a risk assessment in place to ensure that this is managed appropriately. A risk assessment for plant feed as identified during the visit that may be hazardous to health should be managed within a risk assessment framework to ensure the safety of all the service users' accommodated.

The service has an internal auditing process where the responsible individual undertakes monthly visits to ensure that the home is delivering its commitment as identified in their statement of purpose. Feedback from the visit is provided to the registered manager as required, so that any action needed can be taken.

Information from the AQAA shows that policies and procedures are in place as required. A review should be undertaken to ensure that these reflect the current practices within the service. This is a new service and the documents show that some were reviewed in 2006.
Are there any outstanding requirements from the last inspection?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

### Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

<table>
<thead>
<tr>
<th>No.</th>
<th>Standard</th>
<th>Regulation</th>
<th>Requirement</th>
<th>Timescale for action</th>
</tr>
</thead>
</table>

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Requirements and recommendations from this inspection:

**Immediate requirements:**
These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

<table>
<thead>
<tr>
<th>No.</th>
<th>Standard</th>
<th>Regulation</th>
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</table>

**Statutory requirements**
These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

<table>
<thead>
<tr>
<th>No.</th>
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<th>Requirement</th>
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<tbody>
<tr>
<td>1</td>
<td>7</td>
<td>15</td>
<td>The registered person must ensure that detailed care plans are developed to reflect how staff will be meeting the care needs of people. So that people can have their needs met safely and in a consistent manner.</td>
<td>15/08/2010</td>
</tr>
<tr>
<td>2</td>
<td>8</td>
<td>14</td>
<td>The registered person must ensure that food and fluid records are accurately maintained to show how the service users dietary needs will be met. To ensure that people receive an adequate diet, the staff monitor this and take appropriate action as needed.</td>
<td>15/08/2010</td>
</tr>
<tr>
<td>3</td>
<td>9</td>
<td>13</td>
<td>The registered person must ensure that arrangements are in place for the recording, handling, safe keeping and safe</td>
<td>15/08/2010</td>
</tr>
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<td></td>
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<td>administration of medicines received into the care home.</td>
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<td></td>
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<td></td>
<td>So that people receive their medicines that they are prescribed safely at all times.</td>
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</table>

Recommendations
These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

<table>
<thead>
<tr>
<th>No</th>
<th>Refer to Standard</th>
<th>Good Practice Recommendations</th>
</tr>
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Helpline:

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**Email:** enquiries@cqc.org.uk  
**Web:** www.cqc.org.uk

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