Bupa Care Homes (CFHCare) Limited
Oak Lodge Nursing Home

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<th>Region:</th>
<th>South East</th>
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| Location address:           | 45 Freemantle Common Road
                              | Southampton
                              | Hampshire
                              | SO19 7NG                        |
| Type of service:            | Care home service with nursing                  |
| Date of Publication:        | November 2012                                   |
| Overview of the service:    | Oak Lodge Nursing Home is registered with the Care Quality Commission to provide care and support to a maximum of 71 people. The service provides care to older people including those with dementia. Nursing care is provided at this home and the home has a registered manager. |
Our current overall judgement

Oak Lodge Nursing Home was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 11 October 2012, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

We spoke with 16 people, eight visitors and the staff who were on duty at the time of our visit. To help us to understand the experiences of people, we spent time observing what was going on in the home. We observed how people spent their time, the support they received from staff and whether they had positive outcomes. People told us that they were treated with respect when receiving care and they liked living at the home. A person told us that they would tell their sons if they were unhappy with their care.

Relatives were complimentary about the care and the arrangements that the staff had made to celebrate a person's birthday. People told us that the food was very good and three relatives said that choices were available. People told us that the staff came and checked on them to ensure that they were all right. Relatives commented that the care at the home was "very good" and "very helpful staff".

Two relatives told us that they had not been fully consulted by care managers prior to their relatives moving into the home. However once they were admitted, the manager and staff provided them with appropriate information. They said they felt that their relatives had settled in well and could approach the staff if they needed anything.

Two relatives raised some concerns with us about payments for equipment and they discussed this with the manager on the day. Another relative had raised some concerns about their relative's care and staff's practices. The manager took appropriate actions. We were told that people knew how to raise any concerns and they were happy to discuss them with the manager. People also told us that at times they waited for a long time for help when they pressed their call bells.
What we found about the standards we reviewed and how well Oak Lodge Nursing Home was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

The provider was meeting this standard.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People experienced care, treatment and support that met their needs and protected their rights. They were cared for by staff who were informed about their care needs and were able to meet them.

The provider was meeting this standard.

Outcome 05: Food and drink should meet people's individual dietary needs

People were protected from the risks of inadequate nutrition and dehydration. They were supported to eat and drink and they had choices available to them to their needs.

The provider was meeting this standard.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider was meeting this standard.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

The provider was meeting this standard.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

There were enough qualified, skilled and experienced staff to meet people's needs.
The provider was meeting this standard.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider was meeting this standard.

**Other information**

Please see previous reports for more information about previous reviews.
What we found for each essential standard of quality and safety we reviewed
The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*
Outcome 01: Respecting and involving people who use services

What the outcome says
This is what people who use services should expect.

People who use services:
* Understand the care, treatment and support choices available to them.
* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
* Have their privacy, dignity and independence respected.
* Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement
The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
People told us that they were very happy living at the home. A person repeatedly asked the staff if they could stay and they were reassured. They said that the staff treated them kindly and respected their privacy.

Other evidence
People who use the service were given appropriate information and support regarding their care or treatment. We looked at a sample of 11 care records, which included pre-admission assessments. These showed that people were assessed prior to receiving care and information was shared with them as appropriate.

We observed care across all four floors of the home and saw that people's privacy and dignity were respected. Staff interacted with people appropriately, using their preferred names and explaining what was happening and asking what people wanted to do. We saw the staff taking time to understand people's wishes, respecting them and offering to return later in case they changed their mind. We saw the staff were mindful of people's comfort and dignity and attending to their clothing and other covering such as a "knee blanket." We observed that the staff were available in the communal areas to offer care and support. From the interactions observed, this showed that the staff and people who use the service had developed good relationships with each other.
The care records showed that people's individual preferences were recorded. People were seen to be supported in a dignified way. We saw that personal preferences were taken into account and routines were varied according to people's wishes. Staff told us that they offered people choices and came back at a later time if they did not want to get up. The home had a number of people who could not take part in their care plans due to their cognitive problems. The provider may wish to note that three relatives told us that they had not been consulted about care plans and this would be beneficial. This would ensure that people were fully engaged and provide vital information about the care of their relatives.

People told us that they were encouraged to bring into the home items of their personal belongings. The bedrooms were personalised with a variety of family photos, pictures and other personal items.

**Our judgement**
People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

The provider was meeting this standard.
Outcome 04: Care and welfare of people who use services

What the outcome says
This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

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<td><strong>What people who use the service experienced and told us</strong></td>
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<td>People told us that they were treated with respect when receiving care. Two people said that the staff were kind and the staff were&quot; very good.&quot; One person said that the staff did respond to the call bells. They told us that they then went away and did not come back for &quot;quite a long time&quot;. Another person told us that they were happy living at the home. They sad that they would tell their sons if they were unhappy.</td>
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<td><strong>Other evidence</strong></td>
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<td>Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at a sample of eleven care plans, records and associated risk assessments. We found that these provided information about people's wishes and the way they wanted to be supported. We saw that the personal care plans were detailed and these were regularly reviewed. The care plans included, for example, risk assessments and action plans to reduce risks such as falls. For one person this meant ensuring that staff monitored their movements. We observed staff attending to people in a respectful way, guiding them back to the lounge and ensuring they were safe.</td>
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<td>There was a system to gather information about people's likes and dislikes and building up a &quot;pen picture&quot; of the person. Two relatives told us that they had completed these for their relatives as their relative was unable to participate in their care. Most of the records seen contained people's their preferences and these included their dietary needs. The provider may wish to note that in three of the 11 records, there was some inconsistency as the &quot;Who Am I&quot; questionnaire that was blank or missing. This</td>
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document provided staff with personal information usually from the family for people who were not able to communicate their needs.

For people who were assessed as at risk to their pressure areas, we saw that "profiling beds" and pressure relieving equipment was available. Two people were sat in the lounge and staff had ensured that they had their pressure relieving cushions as recorded in their plan of care. There was a system in place where staff checked the pressure relieving mattresses on a daily basis. This was to ensure that they were working properly and set at the correct pressure for those particular people. In one record we noted that the record of pressure relieving mattress checklist was not available and was rectified by the nurse in charge.

There was a treatment plan in place for a person who had a pressure ulcer. The care plans contained detailed information about the type of wound dressing to ensure continuity of treatment. We saw this was reviewed regularly and recorded in their care plans.

The home had equipment in place such as passenger lifts, hoists, and assisted baths to support and maintain people's independence. A concern was raised with us about extra payment for an adapted chair for a person. This was intended as a short term arrangement for two weeks with social services that had continued for weeks. This was brought to the attention of the manager who was looking into it.

A person told us that they preferred a daily shower and this was not offered to them. They said that the staff supported them to attend to their personal care. Their care record lacked detailed information about their preferences with washing and dressing. This was brought to the attention of staff as action was needed. This meant that this person did not have their personal care met according to their choice.

People were supported to access external health care support and advice. Staff confirmed that the healthcare teams were consulted for advice and support. The manager said that people were supported to attend appointments in the community as needed. This meant that people healthcare needs were met and people were supported.

The Deprivation of Liberty Safeguards was only used when it was considered to be in the person's best interest. Staff received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The staff said that they would involve people's family and healthcare professionals to ensure that they acted in the best interests of people who use services. The manager told us that there was no one currently at the home who was subject to a DoLS authorisation.

**Our judgement**

People experienced care, treatment and support that met their needs and protected their rights. They were cared for by staff who were informed about their care needs and were able to meet them.

The provider was meeting this standard.
Outcome 05:
Meeting nutritional needs

What the outcome says
This is what people who use services should expect.

People who use services:
* Are supported to have adequate nutrition and hydration.

What we found

Our judgement
The provider is compliant with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us
People spoken with were complimentary about the food. They commented that the food was very good and they were offered plenty to eat and drink. A relative told us that they often came in at lunchtime and supported their relative with their meal.

Other evidence
People were supported to be able to eat and drink sufficient amounts to meet their needs. We observed the lunchtime meal in different areas of the home and found that this was well presented. There was a choice for the main course and different desserts were available to people. We observed that the staff were available and assisted people with their food and drinks in a sensitive manner. Throughout the day we observed that hot and cold drinks were available to people. People confirmed that they were offered drinks and snacks at bed times.

People were provided with a choice of suitable and nutritious food and drink. People were assessed for their nutritional risk and care plans developed to manage this. People's weights were monitored and records of these were kept in their care plans. The dietary records contained details about people's likes and dislikes.

A person's record showed that there was a pattern of them refusing their meals. Records showed that they were at times asleep when breakfast was served. It lacked details of what action staff had taken and if the person had received their breakfast. The provider may wish to note that the staff told us that meals were offered and available to this person and staff were failing to record this. This meant that information to assist the staff in supporting this person may not be available to them.
People who were assessed as high risk due to swallowing difficulties were referred to the speech and language therapist (SALT). The records for one person showed that they had been put on a pureed diet and were receiving thickened fluid. Two staff we spoke to were aware of this person's needs. We looked at three records of people who were having a thickening agent added to their drinks. This was to ensure that they received their fluids at the correct consistency due to their swallowing difficulties. The staff told us that everyone who were receiving thickened fluids had a fluid chart in place to reflect the type of fluid they would receive. We looked at three of these charts and found that one of them was missing. This meant that information regarding the consistency of their fluids was lacking and may put them at risk. This was addressed when we raised this with the nurse in charge.

**Our judgement**
People were protected from the risks of inadequate nutrition and dehydration. They were supported to eat and drink and they had choices available to them to their needs.

The provider was meeting this standard.
Outcome 07:
Safeguarding people who use services from abuse

What the outcome says
This is what people who use services should expect.

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement
The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
We spoke to people using the services but their feedback did not relate to this standard. People told us that they liked living at the home and they were well looked after. Concerns raised were brought to the attention of the manager at the time of our visit.

Other evidence
People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The home had in place a safeguarding policy and procedure which included the local authority safeguarding procedures that they used. The manager described the procedure that they would follow and alert the safeguarding team as needed.

The six staff we spoke with were able to describe the types of abuse that could occur and the action they would take if abuse was suspected. They were confident that they could approach the manager or the provider and actions would be taken to protect people. They said that they were aware that they could raise an alert with the local safeguarding team. They knew about the whistle-blowing policy and felt they would have management support.

They told us that they had completed training in safeguarding adults. We saw records showing this training also formed part of the induction process for all staff. This meant that people could be assured that staff had the necessary skills to report any allegation as required.
A concern was raised with us regarding staff's attitude and practices. We brought this to the attention of the manager and the appropriate action was taken and referral made.

**Our judgement**
People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider was meeting this standard.
Outcome 09: Management of medicines

What the outcome says
This is what people who use services should expect.

People who use services:
* Will have their medicines at the times they need them, and in a safe way.
* Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement
The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us
We spoke to people using the services but their feedback did not relate to this standard.

Other evidence
Medicines were prescribed and given to people appropriately. The home had in place appropriate arrangements in relation to obtaining, recording of medicine. Medicines were handled appropriately and these were kept safely. There was a designated room on each floor that contained appropriate storage facilities and we saw these were kept securely.

We looked at the process the home had in place to ensure that people received their medication as prescribed. The home used the monitored dosage system (MDS) and we were told by the staff that this worked well. The MDS ran over a 28 days cycle. We were told that there were designated staff responsible for ordering medications for people who use the service. Staff confirmed that only registered nurses were responsible for people's medicines.

We observed medicines being administered at lunchtime, and saw that staff followed their procedure and ensured that people had taken their medicines and these were not left unattended. The medication administration record (MAR) charts were signed following administration as per practice guidance.

Where people were receiving their medicines covertly, we found that consent had been
sought including GP’s agreement. Details of the method used for administering these medicines were lacking and staff told us this would be addressed.

A random sample of 20 MAR charts was looked at. These showed that appropriate records of medicines administered were maintained. There was an internal audit of medicines in place. A stock check showed that the staff were monitoring this and the balance was correct from the random sample seen.

For people who were on thickened fluids these were prescribed for the individual and available to them. The provider may wish to note that on two occasions we found that staff were using other people’s thick and easy powder. Staff were failing to follow correct guidelines in relation to prescribed medications. The manager was aware that prescribed medicines should only be used for the named person.

**Our judgement**
People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

The provider was meeting this standard.
Outcome 13: Staffing

What the outcome says
This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement
The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us
Two people said that they thought that there were adequate staff. Relatives told us that there were at times long delays in getting support when people rang their call bells.

Other evidence
There were enough qualified, skilled and experienced staff to meet people's needs. The manager and the other staff we spoke with said that there were adequate staff to meet people's needs. There was a planned rota and staff told us that they sometimes covered sickness. The manager told us that they looked at the skill mix and the dependency level of people as part of their staffing allocation. There was also a compliment of other staff such as domestic, maintenance, kitchen and laundry staff who supported the care staff. This meant that care hours were not eroded by non care tasks and people could receive the help they needed.

We saw staff supporting people in a sensitive manner, listened to people's requests and helping them as needed. Care was provided at a pace that suited people and we observed staff and people interacted well.

The manager told us that they had recruited 10 new staff who were due to commence their induction shortly. This would have a positive impact on staffing once they had completed their mandatory training. Staff had told us that they found being moved on the different floors quite disruptive. They said that they felt this did not provide continuity of care and they may get things wrong. This was because they may not know the people they would be caring for very well.
Concerns were raised with us about the long delay in receiving help. One person told us that it could take as long as 45 minutes for the staff to be available to support them. The manager undertook an audit of call bell response times. We saw that call bells were responded to quickly. However this did not take account of the bells being switched off and staff returning later to provide the care needed. They would often tell people that they would return once they had finished with what they were doing and this delay was not recorded. The records also showed there were long delays at the weekends when visitors waited up to 10 minutes for the front door to be answered when they visited. The manager said that this would be looked into.

Staff told us that the induction programme was very good and they felt supported by other staff. One staff told us that the" shadowing "period where the new staff worked with another staff could be longer. Regular updates in health and safety, safeguarding adults, fire safety were undertaken by the staff. Staff told us that specific training was also available such as medications and wound care management. This meant that the provider had arrangements in place to equip staff with the skills in delivering care to protect people.

Our judgement
There were enough qualified, skilled and experienced staff to meet people's needs.

The provider was meeting this standard.
Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says
This is what people who use services should expect.

People who use services:
* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

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<td>The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision</td>
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<td>What people who use the service experienced and told us</td>
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<td>People were complimentary about the service they received. A relative told us that there were residents’ meetings which they had attended. They said this was good as it meant people were asked about their views. Relatives were confident that their concerns would be dealt with and said they would approach the staff.</td>
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<td>People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The provider undertook a yearly survey and sent out questionnaires to people and their relatives. The result showed that people were positive about the care and treatment they received. People felt that they were involved in the care and staff treated their relatives well.</td>
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<td>We saw that there was a system in place where a senior member of staff from the company carried out a care audit of the home and reported to the registered manager and provider. Health and safety audits of the environment were in place. This meant that safety checks were carried out ensuring that fire safety and first aid procedures were appropriate. There had been only one fire drill this year and the manager told us that this had slipped and was being addressed. The manager carried out monthly audits of accidents and incidents. Actions plans were developed that included referrals to external healthcare professionals as needed.</td>
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<td>The provider took account of complaints and comments to improve the service. The relatives were confident to report any concerns to management. There was a</td>
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complaints log in place. We saw that concerns raised were looked into and responded appropriately as per the home's policy.

Our judgement
The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider was meeting this standard.
What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called Guidance about compliance: Essential standards of quality and safety.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they achieve compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.
Information for the reader

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