

Anchor Hanover Group

Oak Tree Lodge

Inspection report

Foundry Approach
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Oak Tree Lodge is a residential care home providing accommodation and personal care for up to 60 older people. At the time of our inspection there were 56 people using the service. Oak Tree Lodge is a purpose built home and accommodates people over three floors.

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

People were not always safe. People were at risk of harm because the provider did not always identify or mitigate risks. This included risks relating to people's health and care needs. Medicines were not managed safely. Accidents and incidents were recorded but actions to prevent repeat events were not always followed up. Staff were often stretched and felt they did not always have time to deliver quality care. Staff were recruited safely. Systems were in place to safeguard people from abuse and control infection.

Staff received the training and formal support they needed for their role. The service worked in partnership with other professionals and supported people to access appropriate healthcare. People had pleasant dining experiences and enjoyed the food. The environment was comfortably furnished and suitable to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were always treated with kindness. Feedback was consistently positive from people who used the service and their relatives. Everyone was complimentary about the staff. The service understood when people needed help from their families and were supported to maintain contact. Staff had the right skills to make sure good care principles were followed; they were sensitive and responsive.

Care was usually planned and delivered in a person-centred way. People told us the care they received met their needs and preferences. People had opportunities to engage in a range of activities. Relatives told us they felt listened to and could raise concerns and complaints.

Governance and performance management were not always effective because checks did not always identify learning and secure improvement. Records about people's needs were not always accurate. The service was introducing an electronic care recording system which they felt would improve the care planning process. People who used the service, relatives and staff were very complimentary about the registered manager who had been in post 4 months. We received consistent feedback they were making positive changes and had already made improvements.

The registered manager was responsive to the inspection findings and sent information to show they were

taking action to address shortfalls identified at the inspection.

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

Rating at last inspection

This service was registered with us on 6 May 2021 and this is the first inspection. The last rating for the service under the previous provider was good, published on 1 December 2020.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We have identified breaches in relation to safe care and governance at this inspection.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Oak Tree Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by five inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Oak Tree Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Oak Tree Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced. Inspection activity started on 18 October 2022 and ended on 25 October

2022. On 18 October 2022 four inspectors visited the service, and on 25 October 2022 an Expert by Experience and two inspectors, which included a medicine inspector visited. An inspection feedback meeting was held with the provider on 31 October 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We observed how people were being cared for to help us understand the experience of people who could not tell us about their experience. We spoke with 13 people who used the service, 4 relatives and 12 members of staff including representatives of the provider, registered manager, team leaders, care assistants and chef. We reviewed a range of records. This included 9 people's care records and multiple people's medicine records. We looked at 4 staff recruitment files. A variety of records relating to the management of the service were reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people were not always assessed and managed.
- Some risks had been identified, but actions were not always taken to ensure people's safety. For example, one person was at risk of developing pressure sores but was not using the recommended pressure relieving cushion. Another person was at risk of choking but was not supervised when eating.
- Care records did not always evidence people were receiving safe care. For example, one person had sore skin. The service did not show how they were monitoring this.
- Systems to support people when they were emotionally distressed were not robust. We saw other professionals had made some recommendations to help reduce the level of distress. However, care plans did not incorporate the guidance and there was no evidence the recommendations were followed.
- One person with diabetes had specific care instructions from health professionals, but this was not followed. For example, they required blood sugar monitoring three times a day before meals, however, records showed this was not always completed. The person did not have a care plan in place to guide staff.

Systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was responsive to the inspection findings and sent information to show they were taking action to address all areas of risk identified at the inspection.

- The service managed some areas of risk well.
- Premises and equipment checks were completed to support people to stay safe. Maintenance records showed regular internal testing and external servicing was undertaken.
- Some people had monitoring records, for food and fluid intake, repositioning and weight, which were well completed and showed their safety was monitored.

Using medicines safely

- Medicines were not managed safely. Medicines were stored securely in treatment rooms, but we were not assured they were stored within the recommended temperature range. Fridge temperature monitoring records had gaps and on the day of the inspection, we found one fridge was reading too high. This had not been picked up by staff on duty.

- Management of covert medicines (medicines disguised in food and drink) was not robust. We found conflicting covert authorisation forms with different medicines for one person. Some staff were not clear on the procedures around how they should administer medicines covertly for this person.
- Guidance was in place to support the administration of when required medicines, however, this was not always followed. For example, one person had specific instructions for staff around monitoring, but this was not completed.
- Systems to support self-administration were not robust. One person self-administered some of their medicines. However, records in place to support this were not always accurate. For example, we found medicines in the person's room which were not present on their self-administration assessment.
- Medicine patches were being applied as prescribed, however, the service did not have a process in place to check patches were still in place. For example, one person received a patch every 7 days, but, on some occasions, the patch recording chart stated no patch could be found. The service was unable to trace when the patch came off, which placed the person at unnecessary risk of pain.

Systems were not robust enough to demonstrate medicines were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- Systems for learning lessons and preventing repeat events were not always effective.
- Staff usually completed accident and incident forms when events occurred. These were detailed and described what had happened. Actions were then identified to help reduce the risk of repeat events. However, these were not always implemented. For example, one person had fallen out of bed, so the management team recommended a bed sensor. A bed sensor was in the person's room but did not work and staff confirmed it had not been used. Therefore, did not reduce the risk of repeat events. This was addressed as soon as we raised it with the registered manager.

Systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team had a system for analysing falls. At the end of each month they reviewed all events and looked for themes such as timing.

Staffing and recruitment

- Staff sometimes delivered care in a rushed way. We observed in one unit, during the afternoon, staff were not available when people requested support. For example, one person asked to go to their room to lay down but had to wait.
- Some staff raised concerns about staffing levels and told us they were often stretched. One staff said, "There is not enough. It is really hard. We want to give the best care, but don't have enough time." Another member of staff said, "It is a bit of not being safe and not having time for quality care. If we are not doing basic things, for example, not enough time for activities it can impact."
- People who used the service and their relatives did not generally raise concerns about staffing arrangements although one person said they sometimes had to wait on a night. A relative said, "There do seem to be enough staff around in my opinion and I'm here at least three times a week."
- The service had increased staffing numbers although rotas showed the new ratio was not consistently met. A member of the management team said they tried where possible to have additional staff and were in the process of recruiting more workers.

- Staff were recruited safely. The provider carried out appropriate checks to make sure staff were suitable before they started working at the service. People who used the service were involved in the recruitment process to make sure they were happy with the staff who would be supporting them.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date although staff did not always follow this in practice. Some staff did not wear their face mask correctly, wore jewellery such as stoned rings and were not bare below the elbow. This was addressed by the registered manager as soon as we brought it to their attention.
- We were assured the provider's approach to visiting met government guidance.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Oak Tree Lodge. One person told us, "I am safe here. Everyone seems to look after each other so it's very nice." A relative said, "Mum is definitely safe here, she is looked after well. All the staff I've met are very approachable and would do anything for Mum and us."
- Staff had received safeguarding training and understood their responsibilities to report abuse.
- The service had effective systems in place to ensure allegations of abuse or poor care were investigated and acted on. Safeguarding referrals had been made to the local authority as appropriate.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- People's needs were formally assessed prior to them moving into the service to make sure the placement was suitable. The information gathered was used to develop care plans and risk assessments.

Staff support: induction, training, skills and experience

- Staff were equipped to meet the needs of people using the service. They received training around key areas of their work such as dementia awareness, moving and handling people in the home and food safety. Training data showed 100% compliance for most courses.
- Staff felt supported in their role and records showed staff received supervision, at least once every three months which was in line with the provider's policy. One member of staff said, "We get good support."
- Some issues around staff performance had been recorded by management but there was a lack of evidence these were followed up. The registered manager had started to introduce better systems for checking actions were completed.

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

- People had pleasant dining experiences and food was well presented. They were offered choices and mealtimes were not rushed. People were shown plates of food to help them choose their meal preference.
- People enjoyed the meals. One person said, "The food is very nice, you get nice cooking here." Another person said, "I enjoy the meals here. They are always offering us cups of tea too."
- Staff usually provided good support and made sure people had plenty to eat and drink. During the day staff were seen frequently offering people drinks and snacks.
- People's nutritional needs were met. The service had menus which ensured people received a nutritionally balanced diet. Catering staff had information, so they understood how to meet people's specialist dietary needs.

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

- The service was purpose-built and suitable to meet people's needs. People had access to appropriate space which included spacious communal areas and a safe garden. Everyone had their own accommodation and en-suite facilities.
- The environment was pleasant although some wear and tear was noted. The provider had commenced a decoration programme.
- The service was comfortably furnished and people's bedrooms were personalised. One person said, "It's a really nice home. All the rooms are nice and I have a comfy bed."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked together with other organisations and professionals to make sure people received appropriate support.
- Care records showed people's health care needs were monitored.
- A visiting health professional told us that the staff were helpful and shared relevant information.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported to make decisions about their care. Staff were observed asking people's consent before undertaking activities such as administering medication and moving and handling.
- Staff had completed mental capacity training and knew they needed to make sure decisions were taken in people's best interests.
- The service carried out assessments where people did not have the capacity to make decisions although they did not always evidence the right professionals and family members were involved. The registered manager confirmed capacity assessments and best interest decisions would be reviewed as part of a new more robust auditing process.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were always treated with kindness. Feedback was consistently positive from people who used the service and their relatives. Everyone was complimentary about the staff. One person said, "The staff are angels." A relative told us, "It's a good place. The staff are lovely and so helpful."
- Staff were confident people received compassionate care and were treated as individuals. One member of staff said, "People are well looked after. Staff are very caring."
- Staff were kind and listened to people. They knew people well and chatted about their interests and family members. We observed nice interaction and people enjoyed the company of staff.
- People looked well cared for. Staff had spent time supporting people to maintain their appearance. For example, people's hair and clothes were clean.

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

- People were encouraged to make choices for themselves. For example, staff were seen asking people what they wanted to do, where they wanted to sit and what they wanted to watch on TV. One person said, "I please myself when I get up and go to bed."
- The service understood when people needed help from their families and were supported to maintain contact. Relatives felt they were given relevant information. One relative said, "The manager is very easy to talk to and she listens."

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and confidentiality was maintained. Staff had the right skills to make sure good care principles were followed. For example, staff were observed talking to people discreetly about personal matters. Staff were sensitive, responsive and gave reassurance when people were distressed. We observed one member of staff skilfully divert one person which prevented a potential incident and resulted in the person engaging in a sing along.
- Independence was promoted. Staff encouraged people with mobility and provided respectful support. Staff made sure mobility aids were accessible and explained these were next to people if required.
- People looked relaxed and comfortable in their environment. People walked freely around the service and decided where to spend their time. One person liked to spend time in a quiet area and staff ensured this happened. Some people liked to spend time in the lounges with others and enjoyed interaction with staff. We observed people chatting to each other. One relative told us, "You won't get better than here. These lasses are all great."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care was usually planned and delivered in a person-centred way. People told us the care they received met their needs and preferences. One person said, "It's a lovely place. I am very happy here." A relative said, "They do seem to act on things we've asked for. [Name of person] rolled out of bed and they got him a lower bed straight away."
- Mostly care plans guided staff on people's current care needs and included people's likes, dislikes and what was important to them. However, we saw several examples where there were shortfalls in how the needs of different people were identified.
- The service was introducing an electronic care recording system. The registered manager said they were confident this would improve the care planning process to make sure it focused on the person's whole life and clearly identified people's needs and abilities.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service provided dementia friendly signage on the corridors and bathrooms. Bedrooms had photographs and key images to help orientation. They were developing pictorial menus to help promote choice.
- People had communication care plans although some were basic. One person had recently moved into the service. The care plan did not take into account their communication needs and the person was struggling to make themselves understood. The registered manager said there had been a sudden change and took action once we brought this to their attention.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had opportunities to engage in a range of activities. A weekly planner had been developed which staff used as a guide to help ensure activities were suitable. On both days of the inspection staff were seen initiating group and individual activities that people enjoyed although the level of activity varied on different units.
- People told us activities had recently improved which included more external entertainers. One person

said, "There is a timetable of activities, I've got a sheet in my room that I check each day. They do exercises and different things." A relative said, "There does appear to be a fair amount of activities. Last week they had a singer in, and Mum was up and singing on the microphone." Two people told us they thought the activities offered were limited.

- The service encouraged and supported people to maintain relationships with people that mattered to them. Relatives told us they were always made to feel welcome.

Improving care quality in response to complaints or concerns

- The service had a system in place for responding to concerns and complaints. The management team were confident the service would treat all concerns seriously, investigate them and share learning with the staff team.

- Relatives told us they could raise concerns and complaints. One relative said, "[Name of registered manager] is very approachable if you ask anything of them, they see it through for you and make sure they get you an answer."

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Governance and performance management were not always effective.
- Provider checks did not always identify learning and secure improvement, which meant the processes were not reliable. For example, medication audits were completed but failed to highlight shortfalls found at the inspection, such as, administration of covert medicines and application of topical medicines.
- The service had a DoLS tracker, but this was not accurate. The provider's governance system did not highlight this shortfall.
- CQCs database showed the service had reported a higher than expected number of allegations of abuse. These mainly related to incidents between people who used the service. Two staff told us they noted an increase in incidents on an afternoon. The provider analysed distressed behaviours on an individual basis but did not do this across the service, which meant they did not have a system to look for patterns and trends. The management team said they would introduce an analysis similar to the one they completed for falls.

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

- Records about people's needs were not always accurate. These included people's individual care plans and some daily monitoring records such as wound management and visits by health professionals. For example, a district nurse had dressed one person's wound, but this was not recorded.
- The care recording system was difficult to follow and not centralised. Some information was recorded on communal records rather than the person's individual file. This meant it was difficult to review the overall delivery of care people received.
- Records did not assure us that topical medicines were being applied as prescribed. For example, one person was prescribed a topical medicine to be applied twice daily, but we found gaps in the recording.
- Communication was not always effective because some key information was not shared internally. We saw several examples, which included, staff had noted on a handover record 5 people had loose stools, but this was not passed onto the management team. This meant the registered manager could not investigate and decide the appropriate course of action.

Systems to assess, monitor and improve the service were not sufficiently robust. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was responsive to the inspection findings and sent information to show they were taking action to address shortfalls identified at the inspection. They had been in post for 4 months and had started introducing some new systems and processes. Most of these were in the early stages or waiting to be implemented. For example, a new comprehensive handover record had been recently introduced but at the time of the inspection staff were not fully utilising this.
- People who used the service, relatives and staff were very complimentary about the registered manager. We received consistent feedback they were making positive changes and had already made improvements. One member of staff said, "We have a very supportive manager who is on board for the home and the staff. She is like a breath of fresh air. We're heading in a really good direction."
- The service monitored some key areas effectively such as staff training and recruitment.

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

- The service obtained views of people who used the service, their relatives and members of staff.
- Relatives told us they felt involved in the care of their family member and had opportunities to share their views. One relative said, "[Name of registered manager] is easy to chat to. There isn't really anything that I think we could improve." The registered manager had recently changed relative meeting times to encourage higher attendance.
- Staff meetings took place and attendees were asked to share their views. Staff felt opportunities to put forward suggestions had improved although some said they were not always listened to. Staff had recently completed a survey and were waiting for the outcome.
- The registered manager had lots of ideas for creating more opportunities to engage people and staff. For example, they were introducing 'resident of the day' which involved more structured processes for care reviews and sharing feedback about the service.

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

- Notifications about significant events were submitted to CQC. These showed the provider was responsive and took appropriate action, which included reporting information to external agencies when required.
- The service worked positively with external stakeholders. Management and staff understood the importance and benefits of working alongside other professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems were not robust enough to demonstrate safety was effectively managed. Systems were not robust enough to demonstrate medicines were effectively managed.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to assess, monitor and improve the service were not sufficiently robust.