

Siloam Health Care Ltd

# Oak Lodge Residential Home

## Inspection report

98-100 Humber Road  
Coventry  
West Midlands  
CV3 1BA

Tel: 02476448529

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

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 Lodge Residential Home provides accommodation and personal care for up to 15 older people, including people living with dementia. At the time of our visit 13 people lived at the home.

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

The provider did not always understand their legal duties related to the Mental Capacity Act 2005. Mental capacity assessments were not decision specific. 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; however, the policies and systems in the service did not currently support this practice.

The provider's quality monitoring systems were not effective in recording how people received safe, individualised care.

The provider did not always operate a safe system to ensure staff were recruited in line with their recruitment policy. Employment references had not always been obtained to ensure staff's suitability to work with vulnerable people. The providers environmental risk assessments did not meet the current Health and Safety Executive guidance.

Care planning was not always focused on people's whole lives, including goals, skills and abilities. The service enabled people to carry out person-centred activities, but this was not always documented in care records. People knew how to give feedback about their care but there was no systematic approach to gathering feedback from people or their relatives. On the day of inspection there was no-one receiving end of life care, however recording of people's wishes could be improved.

Staff received training and support to carry out their roles. People had enough to eat and drink and they were involved in planning their meals.

People said that staff were kind, friendly and treated them with respect and dignity. People were involved in making decisions about the service through regular resident's meetings. People's relatives did not always feel involved, in part due to the restrictions on visiting caused by COVID-19.

People and staff told us they felt able to speak to the manager and raise any concerns they had. People were positive about the quality of the service they received.

People felt safe and staff had a good understanding of safeguarding and whistleblowing procedures.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 6 September 2019) and there were

multiple breaches of legislation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made in some areas and the provider was no longer in breach of some regulations. However, there was not enough improvement in other areas and the provider was in breach of other regulations. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

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.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Caring, Responsive and Well Led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation safe care and treatment and good governance. of the home at this inspection.

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

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Requires Improvement ●

### Is the service effective?

The service was not always effective

Requires Improvement ●

### Is the service caring?

The service was caring

Good ●

### Is the service responsive?

The service was responsive.

Good ●

### Is the service well-led?

The service was not always well led.

Requires Improvement ●

# Oak Lodge Residential Home

## **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 Care Act 2014.

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 conducted by two inspectors.

#### Service and service type

Oak Lodge Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the home to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as alleged abuse. We sought feedback from the local authority who worked with the service. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people who used the service and two relatives about their experience of care provided. We spoke with four members of staff including the provider (who was also the registered manager), senior care worker and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were viewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

- Environmental audits and risk assessments were not always used effectively to identify risk of harm to people. Water temperatures were being checked regularly but the provider had not identified that in two areas the temperature of the hot water was too high. The Health and Safety Executive advises that where vulnerable people are at risk of scalding, water temperatures must not exceed 44 °C. We reviewed water temperature audits for the previous three months and saw temperatures ranging up to 56 °C in one area. We asked the provider about this and they confirmed they had misunderstood the temperatures advised to reduce the risk of legionella.

We found no evidence that people had been harmed, however, systems were either not in place or 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 provider responded immediately during and after the inspection to address this issue. They confirmed remedial work was completed as a matter of urgency and they had taken steps to ensure no one was at risk during this time.

- Risk information was not always recorded in people's care plans. For example, one person's skin management care plan had not mentioned the application of a barrier cream to areas at risk of damage.
- Staff knew risks associated with people's care however and put risk management actions put into place. Daily records showed that care staff had been completing these tasks.
- Staff demonstrated a good understanding of the risks associated with people's care and the action needed to keep people safe. The provider told us they would update the care plans immediately to reflect the risks more accurately.

### Using medicines safely

- The management of prescribed medication was not always administered in line with best practice guidance. For example, on one occasion we observed medicines being left in front of a person and staff did not observe them taking this. Staff told us they would not normally do this and understood it could pose risks to other people.
- We observed MAR charts being signed before the medication was given to the person.
- MAR charts were stored on top of the medication trolley, where there was a risk of them being removed or tampered with, rather than being kept securely.

We found no evidence that people had been harmed, however systems were either not in place or 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.

- Medicines were stored safely. Stock checks were completed daily and a full medicines audit was carried out monthly.

These issues were raised with the provider who told us they would carry out further medicine competency training to address shortfalls. We recommend the provider consider current guidance in relation to the management of medication and take actions to update their practice accordingly.

#### Staffing and recruitment

At our last inspection the provider had failed to check or update Disclosure and Barring service (DBS) checks for employees. This was a breach of Regulation 19 (Fit and Proper Persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19 (Fit and Proper Persons Employed).

- Recruitment files contained evidence of DBS checks. One care worker had been promoted to senior care worker and their DBS had been rechecked as part of the change of position.
- Recruitment checks had been carried out however some further improvements were still required. Two employee files that should have contained references from the previous employer only contained personal references. The provider told us there had been some confusion when seeking references for these people. Other files checked contained employer references. The provider told us they would review their recruitment processes further to ensure employer references were gathered correctly.

At our last inspection the provider had not provided enough staff to meet people's needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18 (Staffing).

- People told us they did not have to wait long for staff when they needed help. One person told us "They (the staff) are lovely. They will always do as I ask." During our visit we observed enough staff available to help people when needed and people were not left unattended.
- The number of staff available in the afternoons had increased from two to three. Staff told us they now felt there were enough staff to meet people's diverse needs.
- The provider told us that they had recently increased staffing levels to meet the needs of people living in the home.

#### Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the home. One person told us they, "Absolutely feel safe". Relatives had no concerns about their loved one's safety.
- Staff received safeguarding training and knew how and when to report concerns. Whilst confident these would be addressed, staff understood how to escalate their concerns if they were not.
- The provider understood and had met their regulatory responsibilities to refer safeguarding concerns to



the local authority and CQC as required.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- Accidents and incidents were reported and recorded.
- The provider analysed accidents and incidents to identify any patterns and took action to minimise the risks of reoccurrence.
- There was an open culture in the home and learning lessons when things went wrong was encouraged. Learning and any action needed was shared with staff at handover and group meetings.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law  
At our last inspection the provider had failed to create opportunities for people to share any cultural needs, preferences or lifestyle choices. Meaning it was not clear if protected characteristics under the Equality Act were considered. This was a breach of regulation 9 (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People had an initial assessment of their needs completed before they moved into the home. The provider told us this was important to ensure they were able to meet people's needs.
- People were involved with assessments and the support they received reflected their cultural needs and lifestyle choices. One person told us how the service had found online religious services and communion for them when the COVID-19 pandemic meant they were no longer able to attend church in person.
- Care plans contained limited details to enable delivery of person centred care, however staff were able to provide further details and were knowledgeable about people's likes and dislikes. One staff member told us person centred care was about "The whole person; religious beliefs, sexuality, likes, family and using them to provide the right care." The provider told us they would update care plans now, so they better reflected the personalised care being delivered

We recommended that the provider increase their knowledge in this area by reviewing information on person centred care provided by the Social Care Institute for Excellence.

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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider had limited understanding of their responsibilities under the act. Whilst mental capacity assessments were being completed these considered several decisions at one time, rather than being decision specific. The judgements and outcomes were not always clear.
- Care plans contained limited information about people's capacity to make specific decisions about different aspects of their care. The provider told us they would ensure more detailed information was added so staff had the guidance needed to support people in line with their best interests.
- Staff completed MCA training and they worked within the principles of the Act by gaining people's consent before they provided help. For example, we saw staff members asking someone if they needed the toilet or would prefer to wait until later.

Staff support: induction, training, skills and experience

- People and relatives were confident in the skills and knowledge of staff. A relative told us that staff were "On the ball".
- Staff confirmed they were supported to develop their knowledge and skills through an induction programme and on-going training. One staff member told us that they wanted to develop their management skills and the provider was looking into suitable training for this.

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

- People's nutrition and hydration needs were met. People were supported to eat and drink enough to maintain their health.
- There had been improvement with the meals since the last inspection. One person told us "The food is brilliant; you would think they are professional cooks." People had the opportunity to discuss their meal preferences at monthly residents' meetings and changes were made to the menu as a result.
- Staff demonstrated a good knowledge of people's nutritional needs. For example, they knew who had diabetes and who needed to consume a high calorie diet because they were at risk of losing weight.

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

- People had access to a wide range of health and social care professionals when needed. One person told us that the senior care worker had just arranged for them to get a new wheelchair through their GP as their old one was worn out. A relative told us their family member had very fragile skin and the home arranged district nurse visits as soon as there were any concerns.
- The provider and staff had developed good relationships with other professionals who supported people's health and wellbeing.
- The provider and staff monitored people's health and understood their responsibilities to obtain further advice or support if they noticed any signs of illness.

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

- People had personalised their bedrooms with pictures, photographs and treasured items. A person told us that Oak Lodge was their home and they would not want to live anywhere else.
- The provider had taken some action to ensure the design and adaptation of the building met people's assessed needs. An extension was being built to provide a better environment for visiting in line with COVID-

19 restrictions as this was currently taking place in the foyer of the home.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- Whilst areas of improvement were identified, the provider was keen to receive feedback and guidance on how to address these so that record keeping reflected the standard of care people received. This demonstrated a caring approach.
- We saw positive interactions between people and staff which showed staff cared about people and wanted to provide good care. Activities were taking place in the morning and the atmosphere was relaxed with friendly laughter between people and staff.
- People spoke positively about staff. One person told us, "The carers are out of this world."

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

- People made choices such as what time they wanted to get up and go to bed and what meals they wanted. A residents' meeting was held monthly with standing items of activities and meals so that people could discuss their views and make suggestions.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. For example, people were supported to have a telephone conversation with their GP in a private area of the home to maintain confidentiality.
- Staff understood the importance of promoting people's independence. For example, people were given the option to spend time with other residents in the communal areas of the home or to remain in their own rooms which some residents preferred.
- People's personal information was managed in line with data protection law.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were not always met.

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

At our last inspection the providers systems were either not in place or robust enough to ensure people's social needs were met. This was a breach of regulation 9 (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- The provider had a dedicated staff member to provide one to one activities for people who preferred these.
- Group activities were offered such as exercise and bingo. One person showed us they had had their nails painted by staff.
- Minutes from 'residents meetings' showed that activities were discussed each month and people were able to make suggestions and express their views on the activities provided. There had been some debate on the continuation of Bingo but some people enjoyed this so they had agreed to keep it in place.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff had a good knowledge of people's preferences. One relative told us "Before they went in (to the home) I was asked to complete a resume of their past life." This supported staff to provide person centred care.
- People's care files could provide some further information to support staff to provide personalised care.
- Care plans had some information about people's culture, beliefs and other protected characteristics to demonstrate what was important to them. We discussed this with the provider who told us they recognised these could be improved and intended to work on them further now.
- There was some evidence of people and their relatives being involved in the review of their care. One relative told us they had not been involved in reviewing their loved ones care however and they thought relative involvement in the service had "slipped off a bit" since the COVID-19 pandemic. This was shared with the provider after the inspection who told us they would consider other ways to keep relatives involved in the service.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication care plans considered their preferred methods of communication and tools to support this such as glasses and hearing aids.
- Staff ensured that people had their communication aids available and in good working order to ensure people could communicate effectively. One person told us the senior care worker had cleaned their hearing aids that morning to keep them working well.

#### End of life care and support

- At the time of our inspection, no-one was receiving end of life care. However, the provider could support people with these needs and staff told us they had received training in this area and would be supported by healthcare professionals.
- Care files contained ReSPECT forms (Recommended Summary Plan for Emergency Treatment and Care) where people had made decisions about their future care and treatment in a medical emergency
- Care records contained limited information about people's wishes at the end stage of life. Improvements were needed to ensure people's advance wishes and preferences for end of life care were discussed and recorded in their plan of care. The provider was going to update care plans to include this information now.

#### Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint and felt comfortable to do so.
- The most recent complaint received was reviewed and this had been investigated and responded to in line with the provider's procedure.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

At our last inspection systems were not in place or robust enough to demonstrate the service was effectively managed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Audit processes were not sufficiently detailed to ensure effectiveness. For example, whilst the provider had used a recognised care plan audit tool, they had failed to ensure the use of this was robustly applied. This meant the provider's audit had not identified shortfalls and improvements had not been made to address gaps in information in care plans that we found.
- The provider's quality monitoring systems were not always effective to ensure high quality safe care was provided. For example, water temperature checks had been taken and recorded regularly but had not identified the hot water temperature presented a potential risk to people.
- The provider's understanding of their responsibilities under the Mental Capacity Act was limited. For example, mental capacity assessments completed were not done in line with the Code of practice and the decision making process was unclear.
- Staff recruitment checks were not always adequate; some employee files were lacking an employer reference.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the service was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider understood their responsibility to notify us of any incidents. The accident and incident records were reviewed and we had received notifications for these incidents appropriately.
- The provider was displaying their rating in line with regulations.

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



characteristics

- People provided feedback about the service through daily discussion and regular meetings. One person told us "(Staff) will always do as I ask. I have no concerns about any of them (staff)."
- Whilst relatives were able to give feedback verbally via telephone or when visiting, they felt that their involvement in their loved ones care had reduced as a result of the COVID-19 pandemic. One relative told us "I don't feel very involved- it's been harder during the pandemic but there are ways (to involve people)." Of the two relatives spoken to neither had been sent a quality survey to gather their views as the provider had not implemented this.
- Staff received support and guidance through individual and team meetings.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People were satisfied with the care they received and the way it was managed. One person told us, "The management is so good". A relative told us, "They (staff) are looking after my family member well." However, our findings found improvements were needed to ensure people received safe and good quality care in a consistent way.
- Staff enjoyed working at Oak Lodge. A staff member told us "It's a good place to work and I have opportunity to develop my skills."
- The provider was aware of their responsibilities under the duty of candour, which sets out how providers should explain and apologise when things have gone wrong.

Continuous learning and improving care; Working in partnership with others

- The provider was responsive when we highlighted areas in need of improvement during our inspection. However, we found insufficient improvement had not been made in a timely way since we last inspected.
- A pressure ulcer prevention accreditation had been awarded to the home by health and social care partners. The aim of the scheme is to support staff to recognise when people are at risk of, and to prevent pressure ulcers developing.
- Health and social care professionals provided feedback about the provider and confirmed they had no concerns about the quality of care.

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  Environmental audit tools had not been applied robustly and systems failed to highlight water temperature posed a risk to people. Systems did not ensure that medicines were managed safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems were not in place or robust enough to demonstrate the service was effectively managed.