

Oakleigh Residential Home Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

About the service

Oakleigh Residential Home is a residential home providing personal care to 23 people, some with physical health needs and others with Dementia. The care home supports people in an adapted residential property.

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

Some of the door locks in the home could prevent people's swift exit in an emergency. We recommended improvements on bedroom door locks and infection control.

Risks had been assessed prior to people moving into the home and infection control practices were adequate. Medicines were stored and administered safely, people were supported to have their medicines in a safe way. Recruitment checks had been carried out to ensure staff were suitable to work with people. Staffing levels were adequate to provide individual support and good overall levels of care.

Training for staff was linked to people's individual support needs, however, some training courses had yet to be planned and undertaken. We recommended improvements to training records.

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. The staff team felt involved in the running of the home and felt supported by the provider, registered manager and senior staff. Staff had supervision to ensure they met people's needs. Staff responded to and supported people's health and care needs.

People were provided with a varied diet which met their individual cultural needs. Healthcare was supported by the staff and people were provided with treatment following consultations.

People were fully involved in making decisions about their care and their consent was obtained prior to offering care. People were supported by a staff team who were kind and caring and treated them in a considerate and respectful manner. Staff promoted people's privacy and dignity.

Staff were knowledgeable about people's individual needs, informed by well detailed care and support plans. There was a complaints process in place which was managed effectively. People had complimented the staff on the care provided. Staff had considered people's end of life choices and made reference to this in care plans.

There were systems in place to monitor the quality and safety of the service being provided. People's views of the service were sought through regular meetings and surveys. The registered manager understood their roles and responsibilities as a registered person. They worked in partnership with other agencies to ensure people received care and support that was consistent with their assessed needs.

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

Why we inspected

This was a planned inspection based on our previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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.

Details are in our effective findings below.

Requires Improvement ●

Is the service effective?

The service remained effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service remained caring.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service remained responsive.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service remained well led.

Details are in our effective findings below.

Good ●

Oakleigh Residential Home Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The team consisted of one inspector who visited on both days of the inspection.

Service and service type

The Oakleigh Residential Home Ltd is a care home. People in care homes receive accommodation and nursing or personal care as 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 registered manager registered with CQC. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. They were at the home at the time of our inspection and we were assisted by them throughout the inspection.

Notice of inspection

The inspection was unannounced. The inspection site visit activity started on 22 October 2019 and ended the following day. We visited the service on 23 October 2019 to see and speak with the people living there, the registered manager and office staff.

What we did before the inspection

We reviewed information and notifications of incidents we received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We

used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spent time observing the care and support being provided throughout the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four people who lived in the home and four visiting relatives. We also spoke with the provider, registered manager, deputy manager, a senior support worker, two care staff, domestic assistant and activities organiser and the cook.

We looked at the care records for two of the people who lived in the service. We also looked at records that related to how the service was managed including staffing rotas, staff recruitment files, training and quality assurance documents.

After the inspection

We asked the registered manager to send us further documentation following the inspection which included copies of the training records, the staff rota and minutes of meetings for the people who lived in the home, and staff meetings. These were supplied and considered when writing this report.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant that 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.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe, people's relatives also felt people were safe. A relative said, "The peace of mind [named] being here is unbelievable." Another relative said, "I don't go home and worry, I know [named] is in good hands."
- The registered manager had training and observation systems and processes in place to ensure people using the service were safeguarded.
- Staff had received training in safeguarding people, and staff demonstrated they were aware of their responsibilities for keeping people safe.
- Some of the bedroom door locks were not suitable and could prevent people leaving or being assisted to leave their bedroom in an emergency. Some people had signed a declaration to confirm they did not want a bedroom door key at present. We told the provider about this, they said they would ensure anyone who required a door lock to their bedroom, a suitable type would be provided.

We recommend where people required a door lock they are of a suitable type to be opened in an emergency.

Preventing and controlling infection

- Infection control was sufficient to ensure people's safety. People and their relatives felt the home was clean. A relative said, "The home is always clean when I come."
- Staff received training in infection control.
- Staff were provided with personal protective equipment to help prevent the spread of infections.

Staffing levels and recruitment

- Staff were employed in numbers sufficient to protect people.
- People and their relatives told us there were enough staff to care for people. Staff also felt there were enough staff on duty to support people.
- We found there were enough staff to undertake all care tasks and to assist with activities in the home and into the local community.
- The registered manager followed the company's policies and procedures in safe recruitment and selection processes, and had the appropriate checks in place, to ensure people were safe.

Assessing risk, safety monitoring and management

- Regular safety checks had been carried out on the environment and on the equipment used in caring for

and protecting people.

- Risks associated with people's care and support had been assessed when they had first moved into the service and were reviewed regularly. Reviews took account of professional advice.
- Emergency plans were in place to ensure people were supported in the event of a fire or untoward event.

Using medicines safely

- People were provided with their medicines in a safe way.
- Staff administered people's medicines in line with the provider's policies and procedures.
- Detailed guidance was in place to assist staff in administering medicines, the storage environment and how to observe for any reactions or side effects to medicines.
- Staff received regular training and competency checks on the medicine administering process.

Learning lessons when things go wrong

- Information from investigations or company updates was shared with staff through individual supervision, staff meetings or the companies private mobile phone application 'WhatsApp'.

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 Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The range of training offered to a small number of staff did not ensure they were enabled or informed to provide detailed care to people. The provider sent a copy of the training records which indicated a number of staff had yet to commence some courses. For example, one staff member had not been trained to meet people's specific needs, such as activities for people with Dementia. Information had to be added on the training records about staff's national recognised qualifications. We spoke with the provider about this and they agreed to update the training records and ensure all staff were adequately trained for their role. We recommend that training records are brought up to date to show all courses staff have undertaken.

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

- People's needs and preferences were assessed prior to their admission. Assessments included information about the support people required for their physical, mental and emotional health; their ability to communicate and relationships.
- This information was then used to inform peoples' care plans. Some people had lived in the home for an extended period of time so had their needs re-assessed, information provided by visiting professionals was also added to care plans. Any changes made were communicated with staff.

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

- People were offered a suitable diet that met their nutritional and cultural needs. People told us the food was good and provided varied choices. One person said, "The foods very good and is nicely presented, I get a lot of vegetables, I like vegetables." A relative said, "The food's marvellous."
- People's requirements around eating and drinking were clearly documented in their care plan. Changes to menus were discussed regularly which ensured staff provided varied options taking people's choices and preferences into consideration.

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

- People were supported to access timely healthcare. People had detailed care plans that had been developed to include information about specific health conditions. For example, dental care, people had their dental needs assessed prior to admission. Information was entered in the care plan about ongoing dental care both from homes staff and their chosen dental practice.
- People received good planned care when transferring between services. For example, each person had an 'emergency grab sheet' which included information for a hospital admission. This contained detailed information about how they best communicated their health and medical needs.

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

- The home was in a good state of repair and equipped to meet people's needs. Communal areas were bright and comfortable and led to an outside area with a large pleasant garden. The provider had plans in place to improve areas throughout the home and make changes to the seating area outside the conservatory.
- People's rooms were decorated according to their preferences and included personal items such as photographs and ornaments. One person said they had brought in personal furniture when they moved into the home. The registered manager said people could bring in items of furniture as long as they met the fire regulations.

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.

- People's capacity to make decisions had been considered when having their needs assessed and mental capacity assessments were well detailed.
- We heard care staff seeking consent from people before offering support to them.
- Staff demonstrated they were aware of how to safeguard people and explained how they protected them with the DoLS safeguards.
- Where people's freedom was restricted we saw the registered manager had applied for, or been granted, a DoLS. Where these had been granted we saw that some conditions had been set by the local authority, based on best interests' decisions.

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 Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was recognised.
- We observed staff respected people's privacy and dignity when knocking on people's bedroom doors before announcing themselves and entering. That demonstrated staff were aware of the need to maintain people's privacy and dignity. A relative said, "The staff know whose clothes are whose, I've never found anyone else's [clothing] in [named] drawers."
- The registered manager showed us specialist training aids used with the staff to simulate hearing and sight deficiencies. They said this provided staff with an understanding of these issues which heightened their awareness of ensuring people's dignity when caring for them.

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

- We observed people were treated with kindness and compassion by the staff group. Interactions with people throughout the inspection showed that they were treated respectfully. The registered manager said, "Talking to the clients and families about spiritual and cultural welfare is important if someone needs it we will provide it."
- The provider met their obligations under the Equalities Act and provided people with a service that met their individual diversity needs.

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

- People told us they were involved in reviewing their care plan. We saw evidence where people and, at times, their relatives had been involved in reviewing and confirming the changes to care plans.
- We saw that people had the opportunity of involving an independent advocate, and advocate's contact details displayed in the home. An advocate can assist people who have difficulty in making their own, informed, independent choices about decisions that affect their lives. We were assured that people were supported adequately to make informed choices due to visits from local authority staff and individual advocacy support.

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 Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were detailed, included risk assessments and provided staff with information based on people's personal care needs. Pre-admission assessments informed people's care plans and there was detailed information about people's life history; likes and dislikes. Additional signage has been displayed to assist people moving around the home.
- Care plans included a recent photograph and documentation which could be used in an emergency. For example, if the person was admitted to hospital. Staff demonstrated they were aware of people's individual needs. A relative said, "We thought before [named] moved in they were on a downward spiral, now they do a lot of their own care and are much fitter."

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.

- The home met the accessible information standard. Though the registered manager demonstrated they had adapted some documents in pictorial form to assist people with ease of communication, there was no one in the home who required the level of assistance. The AIS allows staff to formally recognise, assess and record the communication needs of people who have been affected with a hearing and /or sight loss, or communication debility caused by a life changing event.

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 were enabled to continue with relationships with family, friends and others important to them. One person said, "We have a laugh with the girls [staff]. They are happy staff, always smiling."
- People and their relatives confirmed they could visit the home at any time and were made welcome by the staff team. A relative said, "I visit at any time, they [staff] always have a smile on their face, and we are made welcome."
- We spent time and observed people in the public areas of the home. Some read books and daily papers, whilst others watched television and conversed with staff. We saw that there was an entertainment programme planned in advance which included outside entertainers coming into the home. There was also a programme of activities undertaken by staff, which covered both group and individual one to one events.

Improving care quality in response to complaints or concerns

- People were enabled to make complaints about the service.
- The provider distributes copies of the complaints procedure when people moved into the home. We saw copies were also available in the home.
- The provider had systems in place to record complaints. Records demonstrated the service had received one complaint in the past 12 months. The registered manager had responded to the complainant in writing. The provider told us, they spent a lot of time in the home and dealt with concerns as they arose, so did not get as far as a formal complaint.
- There were also 14 compliments in the same period from family members.

End of life care and support

- End of life planning had been recognised in care and support plans. The registered manager said staff discussed people's end of life care preferences, however people responded with varying levels within this process. Some people had detailed plans which included their care prior to, during and following their death.

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was well led. The registered manager had developed person centred processes which ensured people were cared for and supported safely in line with current legislation. The registered manager said, "My ethos is that I want people to be happy here and I won't ask staff what I would not do myself."
- People were encouraged to participate in questionnaires, provide feedback and suggest changes and improvements to the home. The provider continued to send out a newsletter to relatives, informing them of changes and information about events taking place in and around the home.

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

- The registered manager understood information sharing requirements. Records showed information was shared with people or people's relatives as well as other agencies. For example, when the service had identified concerns, and the registered manager had sent us notifications about events which they were required to do by law.
- The provider understood their responsibility to display the rating from their latest inspection. The rating was displayed prominently in the foyer of the home.

Managers and staff being clear about their roles and understanding quality performance, risks and regulatory requirements

- The registered manager had auditing systems in place to monitor the quality and safety of the service and used these to check all aspects of the home on a regular basis.
- The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.

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

- People who used the service, their relatives and staff were engaged in developing and improving the home.
- The registered manager sent us the outcomes from recent questionnaires sent to people and their relatives. These included changes to the menu; the activities programme and improvements to the homes

carpeting which were all actioned by the provider.

- Staff felt the management team were supportive and promoted good practice.

Continuous learning and improving care

- People, their relatives and staff told us there were regular meetings to discuss any issues that had arisen at the home and these had been acted on.
- Everyone we spoke with said the registered manager was accessible and approachable and dealt with any concerns they raised.

Working in partnership with others

- The registered manager demonstrated how they worked in partnership with local hospitals, the local authority social care and safeguarding teams, mental health and other healthcare professionals.