Woodfield House

Oakleigh House

Inspection report

110 Oakleigh Road North
London
N20 9EZ

Date of inspection visit:
09 February 2016

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14 March 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 9 February 2016. Our previous inspection, of July 2014, found that the service had addressed concerns with the management of medicines that we found at the previous inspection.

Oakleigh House is a care home for up to five people that specialises in the care and support of people with mental health conditions. There were no vacancies when we inspected.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager was not present at the inspection, but an additional manager was carrying out the day to day running of the service.

People told us that staff provided a very supportive service that was focussed on their needs, and that they liked living at the service. People chose and joined in with a range of recreational and educational activities.

However, we found that the care and support reviewing process and other care documents relating to people contained occasional inaccuracies and omissions. This meant the reviewing process was not fully responsive to people's particular needs and preferences.

The service did not consistently work in line with the principles of the Mental Capacity Act 2005, although it was evident that efforts were made to do so.

We found that people were well supported with health and nutritional needs. This matched feedback we received from people using the service and healthcare professionals. With the support of community healthcare professionals, the service had improved people's quality of life.

People lived in a safe and risk-assessed environment. The service had systems for protecting people from abuse, and for managing people's medicines safely.

The service had an adequate staff recruitment procedure and there were enough staff working at the service. There was a consistency of staffing, which helped people's needs and preferences to be well-known. This enabled positive, caring relationships to develop.

People felt valued and respected as individuals, and were involved in decision-making about their care and support. Care was centred on people's individual needs.

The service had a positive culture that was focussed on the development of people using the service and supporting staff. Staff received sufficient training and supervision for their work of supporting people.

Any concerns with how the service operated were discussed and addressed, and so people had confidence in the service's complaints procedure.

The service used a range of quality-auditing approaches to review and improve on service quality, and so was well-managed overall.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People said that they felt safe and we saw that they lived in a safe and risk-assessed environment. The service had systems for protecting people from abuse and upholding their human rights.

The service had an adequate staff recruitment procedure and there were enough staff working at the service. The service managed people's medicines safely.

Is the service effective?

Good

The service was effective. People were well supported with health and nutritional needs. With the support of community healthcare professionals, the service had improved people's quality of life.

Staff received sufficient training and supervision for their work of supporting people. The service did not consistently work in line with principles of the Mental Capacity Act 2005, although it was evident that efforts were made to do so.

Is the service caring?

Good

The service was caring. People felt valued and respected as individuals, and were involved in decision-making about their care and support.

Care was centred on people's individual needs. There was a consistency of staffing, which helped staff to know people's background, needs and preferences. This enabled positive, caring relationships to develop.

Is the service responsive?

Requires Improvement

The service was not consistently responsive. We found that the care and support reviewing process and other care documents relating to people contained occasional inaccuracies and omissions. This meant the reviewing process was not fully responsive to people's particular needs and preferences.

Any concerns with how the service operated were discussed and

addressed, and so people had confidence in the service's complaints procedure.

Is the service well-led?

Good

The service was well-led. It had a positive culture that was focussed on the development of people using the service and supporting staff.

The service used a range of quality-auditing approaches to review and improve on service quality.

Oakleigh House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection that took place on 9 February 2016. This inspection was carried out by one inspector and an Expert by Experience which is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return the PIR, which we took into account when we made the judgements in this report. We also considered notifications made to us by the provider, any safeguarding alerts raised regarding people living at the service, and information we held on our database about the service and provider.

There were five people living at the service. During our visit we spoke with four people, two staff, and the manager. We were shown around the service, observed the support provided to people in communal areas of the service, and checked records relating to the management of the service such as staffing rosters and recruitment records. We also looked at the care and support files of three people using the service.

Good

Is the service safe?

Our findings

People said they felt safe using the service. Comments included, "I feel very safe here and the staff are wonderful" and "I feel protected from bullying and abusive behaviour."

All staff had received training on safeguarding people from abuse, including new staff during induction, and so they understood what abuse was and the action to take if they encountered it. Staff recently recorded that one person had unexplained bruising. The person could not tell staff how the bruising occurred. Records showed that staff supported the person to see their GP promptly, to help establish if the bruising indicated possible abuse. The manager also demonstrated good awareness of what action was needed if anyone using the service was abusive towards another person living there. This helped to demonstrate that the service had appropriate safeguarding procedures and respected people's human rights.

People's risk assessments enabled them to take acceptable risks in relation to daily living arrangements and social activities. Everyone had risk assessments relating to fire evacuation capability, nutritional needs, and mobility, along with specific assessments about the person's changing needs. Risk assessments underpinned care plans and were kept under review. We also noted that contact details of community healthcare professionals were available within people's files, for contact where signs of risk were emerging.

The manager explained how one person had been supported to use the community safely and independently. In the past, staff had supported the person in the community, explaining dangers such as with traffic. The person would then write a report to help demonstrate what they had learnt. This process showed good balance between risk management and enabling the person to develop skills and independence.

In terms of the management of service-related risks, the premises were well maintained, and equipment used such as for fire safety was regularly checked and serviced. There were records of fire drills, and people we spoke with confirmed they knew what to do in the event of a fire alarm activation. Following our inspection, the manager sent us an updated fire safety risk assessment undertaken by a professional company, which rated the service as at low risk.

The service was clean and well furnished, and was a safe environment for people to live in. One person told us, "We keep it clean." Another person said, "I like my room, it is warm and welcoming." We saw that attention was paid to environmental safety including stairway bannisters, window-restrictors and fire safety equipment. The service was sufficiently warm, including in people's bedrooms. We noted that the local food standards agency's last check of the service, in 2013, provided a five-star rating, the highest possible, which indicated excellent food hygiene systems at the service.

People told us there were enough staff working at the service, for example, "There are always enough staff on." Rosters demonstrated that there were enough staff to meet people's needs and support them in the activities they had chosen at the service and within the community. There was additional staffing working at points during the week, for example, to support with a group cinema activity.

The service had an adequate staff recruitment procedure. Alongside a formal interview of prospective staff, the manager told us there was an informal process where prospective staff were invited to meet people using the service. Applicants' interaction with people was considered in respect of their suitability for the role. Records showed that identity checks were made of applicants, professional references were taken up, and security checks were carried out prior to starting in post. We noted for the most recent employee, however, that records did not demonstrate that gaps in employment history and reasons for leaving employment were considered. The manager could demonstrate that this was discussed with the staff member, and undertook to ensure future recruitment records would document that process.

People had no concerns about support with medicines, and we found that the service managed people's medicines safely. Medicines were securely stored and appropriately disposed of if no longer required. Staff were appropriately trained and undertook refresher and competency checks. The medicine records for people using the service were fully completed and up to date. We found that where people had recently been prescribed a change of medicines, the service ensured that the changed medicines regime was promptly set-up so that the person received the changed medicines without undue delay. The manager told us that the supplying pharmacist had checked on medicines management at the service the previous week, with no concerns arising.

We noted that records were not always made of the amount of medicines administered if the prescribed dose varied, which undermined the accuracy of how much medicine the person received. There were detailed medicines profiles for most people that included guidance on differentiating between pain and anxiety symptoms. However, we noted a few instances where people's current as-needed medicines had not been added to their profiles. The manager undertook to ensure that these matters were addressed.

Good

Is the service effective?

Our findings

People told us that the service was effective. Comments included, "This place is good", "I am very well looked after all round" and "This place tries to give me a good quality of life."

There was good independent feedback about the service provided. Healthcare professionals we spoke with told us the service was effective at meeting the needs of people they represented. They said the service worked in co-operation with them, for example, in raising concerns if they noticed a relevant change in the person's needs, and by following recommendations made. Records and professional feedback showed that people had regular placement reviews to check that the placement was working.

The manager and staff told us of trying to help people to progress their quality of life, and in many instances, of succeeding with this. As example, one person came to the service with significant nutritional needs. This was not something the service was ordinarily set-up to provide support with. However, a community healthcare professional provided training for staff to support the person to meet their nutritional needs. Records and feedback demonstrated that with time, the service had enabled improvements in the person's nutritional needs. We were also told of improvements to specific people's weight and personal hygiene, and of liaison with healthcare professionals to address specific health matters.

People told us they enjoyed the meals provided. Comments included, "I like the food" and "The food is good, eight out of ten." People told us of preferred meals being supplied. The support plans we looked at included sections for health and nutrition. Full nutritional assessments were updated regularly. Where appropriate, weight charts were kept and staff monitored how much people had to eat. The manager told us that staff had received training on nutrition in support of helping people to plan healthier meals. Records showed positive dietitian feedback about the service supporting one person to lose weight. This included for monitoring nutritional intake and encouraging exercise.

One person told us, "I go to the GP with the help of staff." Each person had a GP and we saw records indicating support to promptly access their support for individuals where needed. Records showed that where one person was experiencing changing mental health needs, an appointment was promptly booked with their community psychiatric nurse (CPN).

One person told us, "Staff know what they are doing." Staff we spoke with had a reasonable understanding of people's varied needs. Staff told us and records demonstrated that they received full induction and regular refresher training. The induction was comprehensive and included written information about their roles and responsibilities. All aspects of the service and people who use it were covered, and new staff spent time shadowing experienced staff. This increased their knowledge of the service and people using it. Refresher training included for medicines, mental health conditions, dementia care, behaviours that challenge the service, equality and diversity, and health and safety. Records and staff feedback also indicated that all staff had national qualifications in care.

The manager told us that all staff training was provided by training companies on a face-to-face basis.

Training included written assessment of what staff had learnt to ensure they had developed skills and knowledge from the training. This was then checked on in staff supervision sessions. We saw that monthly individual staff supervision sessions were partly used to identify any gaps in training and to plan accordingly, as part of the wider support and guidance that the sessions provided.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff received mandatory training on the MCA and DoLS. The manager told us that no DoLS were needed as no-one was being restricted. The service had an alarm on the front door to alert staff if anyone was going out, although the door was not locked. However, the manager clarified that if one particular person did want to go out, staff would support them as they would be concerned for that person's safe return to the service. Other people at the service were assessed as capable of going out alone safely. This description, and what we saw at the service, indicated a risk that one person's liberty was restricted. The manager undertook to check with the local authority on whether a DoLS application should be made in this instance.

The manager told us an example of a decision about treatment that one person refused. A mental capacity assessment established that the person had capacity to refuse consent despite medical opinion recommending the treatment. This demonstrated that MCA principles were followed.

One person had been receiving crushed medicines as part of their care. Records of the decision-making process showed the involvement of the GP and family members in making this decision, however, assessment of the person's capacity to consent to the treatment was not recorded, and no-one had signed off the best-interests process. The decision had not been reviewed annually despite the form prompting for this. There was a separate MCA assessment for this person in respect of their care; however, it assumed a lack of capacity for the proposed care without testing for this via the four-stage assessment process. These processes did not fully follow MCA principles, although we recognised that the service was attempting to work in line with this.

Good

Is the service caring?

Our findings

People told us the service was caring. Their comments included, "Staff are fantastic. They care for us all on a daily basis. They are very attentive to our daily wants and needs" and "Staff are very patient here, they look after me well." We saw that staff interacted with people in a caring, friendly and encouraging way.

People said that the staff treated them with dignity and respect. We heard staff knocking on people's doors and waiting for permission to enter, and saw that staff listened to what people said and acted on it. Staff had received training about respecting people's rights, dignity and treating them with respect, which underpinned and enabled caring practices.

People told us that staff provided the support they needed and they were enabled to follow the pursuits they wished to. One person told us, "My views really do matter to staff." During our visit people made decisions about their care and the activities they wanted to do. People were encouraged to join in with activities if they wished but not pressurised to do so. We saw that staff listened and acted upon people's views and that people's opinions were valued.

People were encouraged to write about their life histories as a means of self-development and to enable staff to have a better understanding of them as an individual. We found that staff knew people well, were aware of their needs and provided support to meet those needs. This enabled a comfortable, relaxed and enabling atmosphere at the service that people enjoyed.

One person told us, "My friends and relatives are made to feel very welcome here." We saw many records indicating the involvement of family members where the person wanted this. We also noted that advocacy information was on display and available to people if they felt they needed that support. This all helped people to feel comfortable using the service.

We noted that the service relied on a small team of established staff and did not use agency staff. The newest staff member had been with the service for about a year. The manager explained that where staff cover was needed, for example due to staff sickness, the staff team were first asked to work overtime, and then staff from the provider's other local service were asked. This consistency of staffing enabled supportive, positive relationships with people using the service to develop, as staff knew people's needs and preferences well. This was born out by feedback from people using the service, staff, and healthcare professionals.

Requires Improvement

Is the service responsive?

Our findings

People told us the service was responsive to their needs. Comments included, "They try to meet my individual needs" and "Staff respond to my needs every day." Records and care plans, plus feedback from staff and the manager confirmed that they knew people well and tried to respond to people's individual needs.

The service had an established care planning process that provided staff with guidance on how to support people with their specific care needs and preferences. Plans were written in the first person, indicating that the person had been involved in designing and agreeing the plans. However, whilst one person told us, "I feel involved with my care plan," feedback from some people indicated they were not aware of the process or needed reminding of how they had been involved. We found that some people did not have a copy of their care plan, by which to enable them to have easy access to the agreed support and to remind them of the short and long-term goals agreed. However, we saw that a monthly goal-reviewing process was documented and signed by each person and their keyworker.

The manager showed us a recently-purchased goal-planning package. She explained that it would better involve people in a more-structured goal-setting and reviewing progress. She told us this system would be implemented at the service soon, but she wanted to ensure staff fully understood the process first, to help ensure its usefulness for people using the service.

We found that the plans were not always up-to-date. One person had progressed well with moving on from specific nutritional support needs. Their care plan provided good details of how to support them with the original needs. However, it had not been updated to reflect the progression they had made and what support staff now needed to provide. This was despite the plan stating a review was needed three months before our visit. We also saw an audit of the care plan within the previous month that did not pick up on this aspect of the care plan being out-of-date.

The reviews and other care documents contained occasional inaccuracies and omissions. The service's diary recorded that one person's recent health check-up with their GP was "missed" with no further explanation. The care delivery record and monthly review for this person made no mention of the missed appointment. When the manager looked into this on our request, she found that the person chose not to attend on that occasion, and that a further appointment had been booked. Whilst this attended to the person's needs, there was a failure on various documents to accurately record care decisions in relation to this person.

The evidence above demonstrates a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were happy with the support provided by the service for them to undertake meaningful activities. Comments included, "I go out every day on my own" and "They help me do things." Each person had their own weekly activity plan. This enabled people to be supported with gardening, computing, baking

and playing games at the service. The service supported people to make good use of local recreational resources such as a gym, shops, the library, pub lunches, bowling, a salsa class, a church, and group trips to the cinema. The service also organised day-trips. We also saw evidence of people being involved in computer skills classes and online courses, and of being supported to gain employment.

The service's complaints procedure was on display in the service's entrance hall. People told us they were aware of how to use it. Their comments included, "I have not complained but I could if I wanted to" and "I know how to complain. They would treat my complaints seriously and listen to what I had to say."

The manager showed us that the record of formal complaints was blank. However, records showed that concerns were also addressed. The staff communication book documented, for example, that one person's relative had asked for specific support to be provided to their relative when visiting, which staff and the manager were aware of. The manager told us of other concerns raised by people using the service relating to shared living arrangements and the service's ongoing work to address this without compromising people's rights. This helped to demonstrate that the service tried to address any dissatisfaction expressed.

Good

Is the service well-led?

Our findings

People told us the manager was approachable and made them feel comfortable. Comments included, "I can see the manager whenever I want" and "I have a good relationship with the manager. Nothing is ever a problem." Healthcare professionals commented positively on the management of the service, including that the manager was always available when needed.

The additional manager told us she had been managing the service for two years with the support of the registered manager, one of the partners registered as the service provider. She had recently applied for registration with CQC as the registered manager of the service, which was being considered at the time of our visit.

During our visit the service had an open culture with staff and the manager making themselves available to people and listening to what they had to say. It was clear from what people told us, the conversations they had with staff and their body language that they were quite comfortable talking to the manager and staff.

Staff told us the manager was very supportive. They thought they worked well as a team and were supportive of each other. They were proud of their support of people using the service and enabling them to feel at home in the service. The manager told us of meetings by which staff could reflect on practice. She spoke of ways in which staff contributions were valued, which she felt helped develop teamwork. There was also a whistle-blowing procedure that staff told us they had access to and said they would feel comfortable using if needed.

The service used a range of methods to review and improve on service quality. There were meetings for people using the service where any issues about the service could be discussed. The manager told us that people using the service ran and minuted these meetings themselves. Records showed that feedback was gained, for example, about meals and how Christmas was recently celebrated in the service.

Quality audits and daily checklists were completed for aspects of the service such as medicines, health and safety, and accidents and incidents. Surveys had been recently returned from some people's relatives and community professionals, all of which provided positive feedback.

Records and feedback from the manager indicated that she and senior staff attended support meetings organised by the local authority for all local care services. This had helped the service with, for example, awareness of the new duty of candour requirement on care services. We also noted that the manager had used a "Dignity Through Action" publication by which to review quality indicators at the service and implement improved service standards.

There was a positive public report last year from the local Healthwatch organisation. The manager told us that she met with people using the service about that report's couple of recommendations, and they told her they did not want those recommendations to be actioned.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes were not operated effectively to ensure compliance with the relevant regulations. This included failure to effectively operate systems to maintain securely an accurate and complete record in respect of each service user, including a record of the care provided to the service user and of decisions taken in relation to the care provided. Regulation 17(1)(2)(c)