

Precious Healthcare Ltd

# Oakleigh House Nursing Home

## Inspection report

Oakleigh Road  
Hatch End  
Harrow  
Middlesex  
HA5 4HB  
Tel: 020 8421 5688

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### Ratings

#### Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service responsive?

Requires improvement 

Is the service well-led?

Good 

### Overall summary

We carried out an unannounced comprehensive inspection of this service on 5 August 2014 at which three breaches of legal requirements were found. The registered provider did not ensure that medicines were managed safely; the registered provider did not ensure that appropriate records for the monitoring of nutrition and hydration were maintained and the registered provider did not ensure that complaints were recorded and dealt with appropriately.

After the comprehensive inspection we did not request an action plan from the registered provider.

We undertook a focused inspection on the 25 June 2015 during which the registered provider produced an improvement plan. The purpose of our focused inspection was to check that the registered provider had followed their plan and to confirm that they now met all legal requirements.

This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Oakleigh House Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

# Summary of findings

Oakleigh House Nursing Home is a nursing home for up to 20 people some of whom have dementia, some who require nursing care and some of whom who require personal care support. The home is located in a residential area of Hatch End in the London Borough of Harrow.

At our focused inspection on the 25 June 2015, we found that the provider had followed their action plan and legal requirements had been met.

The home has 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.

We found that the registered provider had taken action in the management, recording and storage of controlled drugs and people who used the service can now be assured that controlled drugs were administered safely.

We saw that appropriate systems and records had been put into place to ensure people who were at risk of dehydration or malnutrition were monitored and assessed frequently. This ensured any changes can be responded to swiftly.

The registered provider had taken appropriate action and had put systems in place to record, investigate and respond to complaints.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

We found that action had been taken to improve the safety to people who used the service. Medicines were ordered, stored, administered and disposed of appropriately and staff had received relevant training to ensure people could be confident that the management of medicines was safe. We also saw that controlled drugs were managed safely.

People at risk of developing pressure ulcers were supported appropriately to minimise the risk of such ulcers developing and healing.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

Requires improvement



### Is the service responsive?

We found that action had been taken to ensure the service was responsive. People at risk of malnutrition and dehydration were monitored regularly.

Systems were in place to record, investigate and respond to complaints appropriately.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for responsive at the next comprehensive inspection.

Requires improvement



### Is the service well-led?

The service was well-led. The provider had taken appropriate steps to respond to all breaches found during our inspection on 5 August 2014. Appropriate systems and procedures had been implemented to ensure the quality of care was monitored and assessed.

Good



# Oakleigh House Nursing Home

## 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 was planned to check 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.

We undertook a focused inspection of Oakleigh House Nursing Home on 25 June 2015. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 5 August 2014 had been made.

We inspected the service against three of the five questions we ask about services: is the service safe, responsive and well-led. This is because the service was not meeting legal requirements in relation to these questions.

The inspection was undertaken by one inspector.

Before our inspection we reviewed the information we held about the home.

At the visit to the home we spoke with three people who lived there, one registered nurse and the registered manager.

# Is the service safe?

## Our findings

At our comprehensive inspection of Oakleigh House Nursing Home on 5 August 2014 we had concerns with how medicines were managed. We found the strength of the medicine was not recorded in two records in the CD record book, so there was some risk of administration of an incorrect dose of medicines. We found tubes of topical medicines/ creams in people's bedrooms, which did not have a pharmacist label on them that described the medicines and the administration instructions for the individual person.

This was a breach of the Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(f) & (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection 25 June 2015 we found that the provider had addressed the shortfalls in relation to the requirements of Regulation 12(f) & (g) as described above.

We checked controlled drugs records for four people who used the service and found that the strengths, dosage and route of administration had been recorded. Records also showed that the provider checked stock levels of controlled drugs weekly.

The provider had introduced a new record to document topical creams provided to people who used the service. These were completed regularly and demonstrated clearly that people who used the service were not provided with topical medicines without appropriate prescription by a clinician.

At our comprehensive inspection on 5 August 2014 we had concerns about the number of agency staff used to fill vacancies and the lack of a clinical lead to provide support for registered nurses, care workers and people who used the service.

People who used the service told us that care workers were most of the time available. One person said "When I press the call bell they usually come immediately, but I understand that sometimes in the morning or at lunch time I will have to wait a little longer. I don't mind to wait a little longer, the staff is brilliant."

The registered manager told us that they offered a post on two occasions for a clinical lead, but on both occasions the candidates did not take up the post. We were advised that recruitment for a clinical lead was continuing and they sourced out the recruitment to an employment agency for support. The service continues to try to fill vacancies for permanent nursing staff, but finds this very challenging due to the lack of suitable candidates being available. However we viewed the rota for the past month and the coming two weeks and noted that the agency nursing staff was consistent and only on a few occasions new agency nurses worked at the home. Care staff continued to be consistent and staffing numbers did not increase. This meant while agency nursing staff were working at the home the provider ensured that consistent staff was provided to ensure people who used the service received care and support from a workforce who was knowledgeable about their needs. We also saw that additional staff was used to provide support if people needed to attend hospital or doctor appointments.

# Is the service responsive?

## Our findings

At our comprehensive inspection of Oakleigh House Nursing Home on 5 August 2014 we had concerns that there was a lack of continuing monitoring and documentation of repositioning charts for people who were at risk of developing pressure ulcers and food and fluid intake.

This was a breach of the Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection 25 June 2015 we found that the provider met the shortfalls in relation to the requirements of regulation 9(3) (a) described above.

We looked at care records for four people who were at risk of developing or had had pressure ulcers. We saw that records were maintained appropriately and people were regularly repositioned to reduce the risk of developing pressure ulcers and support the healing process of existing pressure ulcers. We looked at one record where a person was admitted with a grade four pressure ulcer and saw that the provider had appropriately liaised with tissue viability nurse and the ulcer had now reduced to a grade two pressure ulcer.

We saw that fluid charts were regularly maintained and checked to ensure that the people who used the service were not at risk of dehydration or malnutrition. The registered nurse told us “It is important to update the records regularly; this allows us to take swift actions if patients are at risk of developing pressure ulcers or lose weight.”

At our comprehensive inspection on 5 August 2014 we found that the provider had not maintained records for complaints and there was a lack of clear evidence how complaints were responded to and resolved.

This was a breach of the Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection 25 June 2015 we found that the provider met the shortfalls in relation to the requirements of the regulation 16 as described above.

The service had received three complaints since our comprehensive inspection. Records viewed demonstrated that the provider had investigated these complaints and had action taken to respond to these complaints to the satisfaction of the complainant. People who used the service told us “I would talk to the nurse or the manager if there was anything wrong, but I have no problems, I love my room and everything is fine.”

# Is the service well-led?

## Our findings

At our comprehensive inspection of Oakleigh House Nursing Home on 5 August 2014 we had concerns that the lack of appropriate recording and monitoring of fluid and food intake, repositioning of people and complaints put people at risk.

At our focused inspection 25 June 2015 we found that the provider had taken actions in relation to these shortfalls, which had been described throughout this report.