

Woodfield Homes

Oakleigh House

Inspection report

110 Oakleigh Road North
London
N20 9EZ

Tel: 02084461919

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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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Oakleigh House is a care home for up to five people that specialises in the care and support of people with mental health conditions. At the time of the inspection, five people were using the service.

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

People's care plans were person centred. However, information contained in the care plans was often repetitive and lacked consistency.

We have made a recommendation about care planning documentation.

The service had safeguarding procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks had taken place before staff started work and there were enough staff available to meet people's care and support needs. Risks to people had been assessed to ensure their needs were safely met. The service had procedures in place to reduce the risk of infections. People's medicines were managed safely.

People's care and support needs were assessed when they moved into the home. Staff were supported through training, regular supervision and annual appraisals of their work performance. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to maintain a healthy balanced diet and they had access to health care professionals when they needed them.

Staff were kind and caring and people's independence was promoted. People's privacy and dignity was respected. People and their relatives [where appropriate] had been consulted about their care and support needs.

People received person centred care which met their needs and preferences. People were supported to maintain relationships and engage in activities they enjoyed. The home had a complaints procedure in place. People were supported to make decisions about their preferences and choices for their end of life care.

The registered manager and staff worked in partnership with health and social care providers to plan and deliver an effective service. There were systems in place to monitor the quality and safety of the service. The service took the views of people and their relatives into account through surveys and meetings. Staff enjoyed working at the home and said they received good support from the registered manager.

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

Rating at last inspection

The last rating for this service was good (published 18 August 2017).

Why we inspected

This was a planned inspection based on the 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below

Oakleigh House

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.

Inspection Team

This inspection was completed by one inspector.

Service and service type

Oakleigh House 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 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

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority 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 spoke with three people and two relatives to gain their views about the service. We spoke with two members of staff and the registered manager. We also spoke with one healthcare professional.

We reviewed a range of records. These included three people's care plans, risk assessments and medicines records. We looked at three staff files in relation to recruitment, training and supervision. We also looked at records relating to the management of the service such as audits and a variety of the provider's policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The provider sent us quality assurance records.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe using the service. A relative told us, "[Person] is safe there. My mind is at ease, [person] is in good hands."
- There were safeguarding and whistleblowing policies in place and staff received training on safeguarding adults from abuse. Staff were aware of the different types of abuse and reporting procedures to follow if they had any concerns. A staff member told us, "If someone is abusing someone, you raise a safeguarding, raise it to management initially but I can contact the CQC, Police and the local authority."
- The registered manager told us there had been no safeguarding concerns. However, they understood their responsibility in relation to safeguarding and told us they would report any concerns immediately to the local authority safeguarding team and CQC as required.

Assessing risk, safety monitoring and management

- Risks were assessed and managed safely. People's care records included risk assessments for areas such as mobility, moving and handling, incontinence, nutrition and going out in the community. Risk assessments included guidance to minimise risks and how people were to be supported safely.
- People had guidelines in place for staff on how to support them where they displayed signs of behaviour that presented a challenge. These identified the triggers and signs which may cause them discomfort and the support that was required by staff to help them to feel at ease. Records showed the home used positive proactive strategies to deal with behaviours that challenged such as giving people space and reassurance, or diverting their attention to something they liked and enjoyed.
- Health and safety checks were completed, including on the home's gas and electrical systems to ensure the environment was safe for use.
- Fire drills had been carried out regularly. Fire alarm and emergency equipment were also tested by the registered manager. People had personal emergency evacuation plans (PEEP) in place in case of a fire or an emergency.
- The service also had a Business Contingency Plan including an emergency contact list to ensure there were arrangements in place to keep people safe in the event of instances such as a power cut, adverse weather, loss of IT and information data or other types of emergency.

Staffing and recruitment

- There were adequate numbers of staff on the day of the inspection. The atmosphere was calm in the home and staff were not rushed or under any pressure when supporting people. Staffing levels were determined based on people's needs, including consideration of any healthcare appointments and community activities. The registered manager told us they always ensured there was flexibility with staffing levels to accommodate people's needs.

- Staff told us there was enough staff to meet people's needs. A staff member told us, "There is very good team work here. There is enough staff and no issues with doing our job. It's a fixed rota so we know what we are doing."
- The provider followed safe recruitment practices and had ensured all staff pre-employment checks were satisfactorily completed before they started work at the service.

Using medicines safely

- Medicines were managed safely. Medicines administration records (MARs) showed people received their medicines as prescribed. There was guidance in place for the administration of medicines that were prescribed to be given 'as required' (PRN).
- There were appropriate systems in place to ensure that people's medicines were stored and kept safely. The home had a separate medicine storage facility in place which was secure and kept locked.
- Medicines checks were carried out to ensure any discrepancies and/or gaps in recording on people's MARs were identified and followed up.
- Records showed staff had completed medicines training and their competency was checked to ensure they administered medicines safely.

Preventing and controlling infection

- The service was clean, and people were protected from the risk of the spread of infection. The provider had an infection control policy which contained guidance on infection prevention and control. Cleaning products and other substances that could be potentially hazardous to people's health were safely locked away.
- We observed staff maintaining the cleanliness of the home. Staff completed infection control training and wore protective personal protective equipment when needed.

Learning lessons when things go wrong

- Systems were in place to promptly respond to accidents and incidents. Records showed actions were taken in a timely manner when incidents occurred. Measures were put in place to minimise the risk of reoccurrence of incidents.
- Accidents and incidents were monitored. Any lessons learnt were used to improve the quality of service which were relayed to staff through staff meetings and guidance to embed good practice.

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.

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

- Assessments were carried out with people and relatives [where appropriate] before they started using the service to ensure their needs could be met appropriately.
- During the assessments, expected outcomes for people's care were identified and were used to develop their care plans.

Staff support: induction, training, skills and experience

- Staff spoke positively about working for the service and told us they felt supported by their colleagues and management. A staff member told us, "It's nice working here. We are like a family here." Another staff member told us "The teamwork is good, we are close and have been working together for many years."
- Staff completed an induction programme based on the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for people working in care. Staff also completed training the provider considered mandatory in areas such as safeguarding, medicines, infection control, health and safety and epilepsy. A staff member told us "We have face to face training. It is very useful. We have training every 2-3 months. The last training we had was health and safety."
- Staff were supported through regular supervision and an appraisal process which enabled them to discuss their personal development objectives and goals. A staff member told us, "They check on my progress, what I am going well, what I have to learn more, anything I say they listen to you. The deputy is very good, if we are not doing something right, they will explain it calmly and explain exactly what we have to change."
- Relatives spoke positively about staff. A relative told us, "The staff are very pleasant and forthcoming."

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

- People received the support they needed to eat and drink safely. Care plans contained information on people's dietary needs and preferences which helped ensure they received appropriate support.
- Records showed people were involved in deciding what they wanted to eat and the types of dishes they would like included on the menu which were provided for them.
- The kitchen and dining areas were fully accessible to people and staff promptly adhered to people's choices and wishes. On the day of the inspection, we observed food was freshly cooked and staff supported and prompted people only if it was needed. People were not rushed and were left to eat at ease, at their own pace and when they wanted. A person told us, "This [staff member] cooks very good food. The food is very nice."

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

- The home was suitably adapted to meet people's needs and was fully accessible to people.

- People had en-suite bedrooms. They were encouraged and supported to decorate their own rooms with items specific to their individual taste and interests. Bedrooms had been personalised with people's belongings, to assist them to feel at home.
- During the inspection, we observed people together in communal areas, which they enjoyed as they were able to socially interact with each other and spend time together if they wished to.

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

- People were supported to access healthcare services when required. Care plans contained information about people's health and medical needs and the support they required with maintaining good health.
- The service worked in partnership with a range of health and social care professionals to ensure people's health was maintained, such as a GP, dentist, psychiatrist and occupational therapists.
- Relatives told us "They help [person] a lot, and they always tell me if they take them to any appointments or if there is a change with their medicines." Another relative told us "[Person] jumps on a bus and goes to the chiropodists and attends their appointments."

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.

- Where people had capacity, records showed the service obtained their consent about their care and support. Where people lacked capacity, records showed the best interests decision making process has been followed which included involving relatives and healthcare professionals.
- Records showed the manager had applied for DoLS authorisations for the people using the service. We saw the relevant processes had been followed and standard authorisations were in place and being met for people using the service as it was recognised that there were areas of the person's care in which their liberties were being deprived in their best interests.
- Staff understood the principles of the MCA and told us they asked people's consent before providing care.

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.

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

- During the inspection we observed people approached staff with ease and were able to express how they were feeling and what they wanted to do. Staff were patient with people and listened to and supported them appropriately when requested. Relatives told us "They do care about [person]." Another relative told us "The staff are very caring and nice."
- People's equality and diversity needs were detailed in their care plans and accommodated for. For example, people were supported to attend places of worship to practice their faith.
- Staff received equality and diversity training and demonstrated a good understanding of this area. A staff member told us "We are all from different backgrounds and understand each other."

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

- Records showed people, and relatives and healthcare professionals where required, were involved in decisions about their care. A relative told us, "We have a review meeting once or twice a year."
- People were supported to make day to day decisions for themselves. During the inspection, we observed staff respected people's choices. For example, people could choose how they spent their time.
- Resident meetings were held with people which also provided them opportunities to speak about the service and express their wishes in relation to their daily lives, food and community outings.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. All bedrooms were for single occupancy and people were able to spend time in private if they wished to.
- Staff knew how to maintain people's privacy and dignity. They knocked on people's bedroom doors and waited for a response before entering their rooms.
- Care plans set out how people should be supported to promote their independence. During the inspection, we observed staff provided prompt assistance but also encouraged and prompted people to build and retain their independence where possible.

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 ensure people have choice and control and to meet their needs and preferences

- People received personalised care that was responsive to their needs. People told us they liked living at the home. Relatives also spoke positively about the service. A relative told us, "They are a really good service. I am happy that [person] is happy there. They are taken care of."
- People's care plans were person centred. People's care preferences were reflected and contained information on the support each person needed with various aspects of their daily life such as personal care, health, eating and drinking and oral health. However, we found care plans difficult to follow as they contained a large volume of paperwork which was often repetitive and lacked consistency. For example, there were a number of risk assessments in place, but some were in different formats which made it difficult to ascertain which were relevant and appropriate to people's current needs. We discussed this with the registered manager who told us they would review the care plans and ensure records were concise and consistent.

We recommend the provider seeks advice from a reputable source on ensuring care planning documentation is clear and consistent.

- Staff were knowledgeable about people's personal and individual needs. Records showed there was a handover after each shift and daily records of people's progress were completed each day to ensure staff were aware of any changes to their conditions or support needs.
- Records showed care plans were regularly reviewed and when a person's needs changed, their care plan had been updated accordingly and measures put in place if additional support was required.

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 supported to follow their interests and maintain links with the wider community. People enjoyed various activities such as going out in the community, arts and crafts, music sessions, holidays and holistic exercises. People were also involved with areas of study and work in accordance with their interests. A relative told us, "[Person] goes to the gym, goes out for walks. They support [person] with things like this."
- People were able to visit family and friends, receive visitors and were supported and encouraged to maintain relationships with people who were important to them. A person told us "It is very good here, we are very lucky."

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 care plans contained information which showed how they communicated and how staff should communicate with them.
- The registered manager told us that no-one required information that needed to be tailored to their individual needs. However, if they did, this documentation would be provided in any format appropriate to the person's needs.

Improving care quality in response to complaints or concerns

- There were procedures for receiving, handling and responding to comments and complaints. The registered manager told us there had been no complaints since the last inspection. The service had a complaints policy and procedure in place which provided guidance on actions staff would take if they received a complaint.

End of life care and support

- No one at the service was receiving end of life care at the time of our inspection. However, the registered manager told us, should the need arise, they would work with people, family members and other healthcare professionals to ensure people's end of life wishes and care were identified, and measures put in place to ensure these were met.

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 improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Concerns raised at the last inspection had been addressed. For example, staff records were now completed and risk assessments were scored accurately. Since the last inspection, no new staff had been recruited and no one at the service required controlled drugs. However, the registered manager told us they had put in measures to ensure the issues raised at the last inspection would not reoccur.
- There was a registered manager in post who knew of their regulatory responsibilities and had notified the CQC of any significant events at the service. The registered manager understood their responsibility under the duty of candour and were open, honest and took responsibility when things went wrong. They were aware of the legal requirement to display their current CQC rating which we saw was displayed at the home.
- People and relatives spoke positively about the registered manager. A relative told us "[Registered Manager] is nice and she does listen, everything is okay." Another relative told us "She has been happy to help when I have asked her to."

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

- There was a system in place to assess and monitor the quality of the service. The registered manager completed audits and checks covering areas such medicines, care documentation and health and safety. Where issues were identified, action was taken to improve on the quality of the service where needed.
- There was an organisational structure in place and staff understood their individual roles, responsibilities and the contribution they made to the service. A staff member told us, "[Registered manager] is happy to learn and hear what we are thinking. She is supportive and tells us of any changes. She is very open."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The home received feedback from people and their relatives about the service through meetings and surveys. Records showed positive feedback about the service had been received. Comments from people included, "The care is the best" and "Staff are kind and helpful and I can always talk to staff."
- The service promoted an inclusive and open culture, and management staff recognised staff contributions in a positive way. Team meetings were held to discuss the management of the service. Minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice and any concerns they had. A staff member told us, "We discuss everything as a team and work

together. We talk about our strengths and the manager gives us updates."

Working in partnership with others

- The service worked in partnership with key organisations including the local authorities that commissioned the service and other health and social care professionals to provide effective joined up care. A health care professional told us when completing quality assurance visits, it was a good experience with a lot of positives at the service in relation to people's care.