

Precious Healthcare Ltd

Oakleigh House Nursing Home

Inspection report

Oakleigh Road
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Harrow
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Tel: 02084215688

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16 June 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 15th and 16th June 2017 and was unannounced.

During our last inspection in September 2015 the provider met all legal requirements and was overall rated good.

Oakleigh House Nursing Home is a registered to provide accommodation and nursing care to 20 older people. Some people have dementia and mental health problems. The home is located in a residential area in Hatch End, North West London.

A manager is registered with the Care Quality Commission (CQC). 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 2008 and associated Regulations about how the service is run.

External and internal checks to help to maintain the safety of the building were not always carried out and we found that the premises were not always safely maintained. No window restrictors were fitted to one room on the second floor. Sharps were not disposed of in a timely manner. Carpets mainly on the ground floor were uneven and loose and lighting was not always maintained. Adaptations to support people to walk safely and independently were not in place throughout the home. Risks to people who used the service in relation to the treatment or care were not always assessed and managed appropriately.

People who used the service were safe from bullying and harassment as appropriate systems were in place to ensure people were protected from abuse.

Sufficient staff were deployed to meet people's needs and they were suitably vetted and checked to ensure they were permitted to work with vulnerable people.

Medicines were managed safely and people were confident that they received their medicines as prescribed.

The environment was dated and was not decorated regularly, this resulted in carpets being very dirty and worn, curtains in people's rooms not hung properly and some en-suite showers in people's rooms not working properly or not working at all.

Care workers had access to a range of training and received appropriate support from their manager to ensure they had the skills and knowledge to meet people's needs.

People who lacked capacity to make some decisions in relation to their treatment or care had their capacity assessed and appropriate safeguards had been put into place.

People who used the service were provided with nutritious and well balanced meals and had access to drinks and snacks at any time during the day.

The service ensured that people's health care needs were met and appropriate support was sought from health care professionals if required.

People told us that they felt comfortable in the presence of care workers and were well cared for and their privacy and dignity was respected.

Care plans were in place and specific to the person, however care plans did not always reflect people's needs and lacked detail to ensure people's needs could be met holistically.

People were offered a range of activities which met their needs.

Appropriate procedures were in place for people to make complaints or raise concerns. Over the past 12 months the service received six complaints which had been dealt with appropriately.

Quality assurance systems were not always effective and quality of care was not monitored to ensure improvements can be made in a timely manner.

The staff worked well together as a team, with a positive and compassionate attitude.

We found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We are currently considering what action to take. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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. Risks to people who used the service were not always assessed appropriately and a system to minimise such risks was not in place. People were at risk of the spread of infections due to sharps not being disposed of when required. Adaptations were not always in place for people to mobilise safely and floorcoverings were made good to minimise the risk of people accidentally tripping.

Appropriate safeguarding procedures and training provided to staff ensured that the risk of abuse was minimised and responded to.

Sufficient staff were deployed to meet people's needs and action was taken to recruit staff if vacancies became available. Robust recruitment procedures ensured that people can be confident that staff employed were vetted appropriately.

Appropriate management and administration of medicines were in place.

Requires Improvement ●

Is the service effective?

The service was not always effective. The environment was poorly maintained and decorated and equipment provided was not always suitable for people who used the service.

People were supported by staff that had access to training. Staff received support from their manager to obtain the skills and knowledge required to support people who used the service.

People's liberty was not deprived and appropriate safeguards were in place if and when required.

People benefited from a nutritious and well balanced diet.

Specialist medical and health care advice was sought to ensure people's changing needs were responded to and could be met.

Requires Improvement ●

Is the service caring?

The service was caring. Staff developed positive caring

Good ●

relationships with people who used the service.

People were supported to express their views about the treatment or care provided.

People were provided treatment or care in a dignified manner.

Is the service responsive?

The service was not always responsive. Care plans were not always based on people's assessed needs.

People were provided and offered activities of their choice.

People were encouraged to raise complaints and concerns. These were then dealt with accordingly by the service.

Requires Improvement ●

Is the service well-led?

The service was not always well-led. While there were some systems in place to monitor and assess the quality of care. These were not always robust and effective in addressing shortfalls appropriately.

People who used the service and staff told us that the service was well managed.

The registered manager understood that they were legally obliged to report certain incidents to the Care Quality Commission (CQC).

Requires Improvement ●

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 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 inspection took place on 15th and 16th June 2017 and was unannounced.

The inspection was carried out by the lead inspector on both days. On the first day of the inspection, there was in addition a professional advisor who had a nursing background and one expert by experience to assist with the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience in dementia care and care for the elderly.

Before the inspection we reviewed all of the information we held about the service, such as inspection history and notifications we had received from the service and also information received from the local authority who commissioned the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. The provider completed 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.

Over the two days of our inspection we spoke with four people who used the service and two relatives. We spoke with the registered manager, two nurses, five carers, two kitchen staff, the activities co-ordinator and an administrator. We looked around each area of the service, observed care and support in communal areas and reviewed four care records in detail and records which related to the day to day running of the service.

Is the service safe?

Our findings

We asked people who use the service and relatives if they thought Oakleigh House was safe. We received mixed views from people. One person told us, "On the whole I think it is safe here." One relative raised concerns of observations she had made whilst visiting her relative and said that staff did not use appropriate techniques when supporting people using a hoist. Another person told us, "Staff looks after me well, I feel safe here." Another person told us, "Staff is good and they make sure I am safe."

We found that the risks to individuals had not always been managed appropriately and we were not assured that people were sufficiently protected. For example, one person's care plan stated that the person had a "History of temporal lobe seizures". We spoke with the registered manager about this and were advised that the person had been admitted to hospital in December 2016 following an epileptic seizure. The registered manager also informed us that this had been the last time the person had a convulsive seizure. However, a daily record dated March 2017 written by a registered nurse reported that the person had a convulsive seizure for two minutes. We checked the person's risk assessments in their care folder and found that no risk assessment or risk management plan in relation to the safe management of epilepsy and epileptic seizures were in place.

We asked all five care workers if they knew the people living at the home with epilepsy and four out of five were able to tell us the people's names. They were also able to tell us what actions they would take if they would witness a person having an epileptic seizure.

The same person was assessed as high risk of developing pressure ulcers. However, there was no risk assessment or risk management plan in the person's file, to ensure the person was appropriately protected from developing pressure ulcers. We were able to observe staff repositioning the person to reduce the risk of developing pressure ulcers and the person was provided with appropriate pressure relieving equipment, which had been in working order.

In a second care plan we found a person was diagnosed with Type 1 Diabetes and records showed that the person had often high and unstable blood sugar levels. Despite this we were not able to find any evidence in the person's list of risks which included falls, wandering, neglect and agitation. There were no risk assessments or risk management plans advising staff how to respond in case the person had high or low blood sugar, further there was some confusion when talking to the registered manager about whether the person had Type 1 or 2 Diabetes. The person's medical notes confirmed that the person had Type 1 Diabetes. The local authority raised concerns during a quality monitoring visit in May 2017 that there had been no information in risk assessments or care plans covering how to support people and what symptoms to look out for if people develop to hypoglycaemia and hyperglycaemia. Hyperglycaemia is an abnormally high blood glucose (blood sugar) level and hypoglycaemia is an abnormally low blood glucose (blood sugar) level.

The above was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found in the medicines room that the sharp box had no lid and no record of when the box came in use. We also found two sharps boxes in the laundry room, which had been overfilled and no record of when these boxes came in use. We were told by the registered manager that people who used the service could access the laundry room at any time and empty the sharps boxes and sustain a needle stick injury which could spread infections. The registered manager told us that the home would destroy the sharps boxes appropriately.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During a tour of the building we saw that there were loose carpets in various areas on the ground floor. The carpet at the entrance of the passage way to the extension was ripped and the flooring was uneven, which was a trip hazard. We checked window restrictors in a number of rooms and noted that the window restrictor in one of the rooms on the upper floor was broken. We saw there were no handrails along the walls on the first floor.

We also noted that some people had mobility difficulties, but liked to mobilise independently, however there were no adaptations made available at the home to ensure people were able to walk safely and independently. We witnessed a person who was assessed in their care plan as being at 'medium' risk of falling walking along the first floor corridor trying to steady himself by holding on to the walls and radiators. We later saw the same person walking on their own down the main stairway. The stairs were steep and the steps had sharp edges. There was no handrail to hold as the stairs turn on the mid-way landing. At this point the person tried to hold on to the vertical banisters and the person appeared to be at great risk of falling.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed staff using appropriate protective equipment such as gloves and observed staff changing them between each person to minimise the risk of spreading infections. Guidance of appropriate hand-washing techniques were displayed and soap as well as paper towels were available. A domestic cleaner was employed who was responsible for the overall cleanliness of the home. Overall the home was free of any offensive odours with the exception of one room, which we discussed with the registered manager, who told us that they would address this.

During a visit by the London Fire and Emergency Planning Authority (LFEPA) in January 2017 the fire officer noted a number of shortfalls and issued an enforcement notice asking the provider to resolve the shortfalls by April 2017. The LFEPA fire officer visited the home again in May 2017 and found that the enforcement notice had been complied with. We saw that regular fire checks had been maintained and the fire procedure was adhered to. Regular safety checks had been carried out to ensure people who used the service lived in a safe environment. These included electrical installation, portable appliances test, and manual handling equipment and gas safety. People who used the service had an up to date personal emergency evacuation plan (PEEP) in place. Staff told us that they would contact the registered manager or the emergency services in case of an emergency and an emergency contingency plan ensured that systems were in place in case of an emergency.

Care staff told us that they had received safeguarding adults' training and told us that they would inform the registered manager or registered nurse if they witnessed or heard of abusive behaviour. They said that they would also contact the police, social services or Care Quality Commission (CQC) if they were not satisfied with the action taken in response to allegations of abuse made by the provider. They were able to tell us about the different forms of abuse. Training records showed that all staff had received safeguarding adults

training in July 2016 and information seen on the notice board in the staff room showed that follow up training was arranged for July 2017. Notifications received from the provider showed that they would report allegations of abuse and had participated fully during safeguarding investigations carried out by the local authority. This meant that people who used the service were protected from abuse and avoidable harm.

The registered manager acknowledged that the lack of a clinical lead, who left the service in March 2017, had impacted on the quality of treatment of care provided. We were advised that the provider was actively in the process of recruiting a suitable candidate and we were advised on the second day of our inspection that a suitable candidate had been found who was already working at the home. Staff spoken with told us that since our last inspection staffing numbers had increased during night-time, which meant staff had more time to care for people and respond to call bells during the night. We also noted that an activity coordinator had been employed since our last inspection, who had introduced more activities. The registered manager told us that the current activity coordinator was due to leave shortly and a new activity coordinator had already been employed, this ensured continuity. Staff told us that sufficient staff were deployed to meet people's needs, however recently staff had to deal with people's laundry, which took them away from interacting with people who used the service. We discussed this with the registered manager who told us that the previous company used to provide the laundry service went into administration and they were currently in the process of sourcing a new laundry provider.

Staffing records viewed demonstrated that appropriate recruitment checks were carried out which included two references, proof of identification and the right to work in the United Kingdom and a disclosure and barring check. This ensured that only staff which were vetted appropriately were appointed to work with people who used the service.

We observed nursing staff administering medicines on both days of the inspection. We saw that the nurse took her time, explained to people what she was doing and came back a little later to people who did not want to take their medicines. We checked the storage of medicines and controlled drugs (CD). The service had a designated medicine room which was located at the top floor of the home and was locked; the key was with the registered nurse in charge. All medicines were stored in a lockable medicines trolley, which was securely stored when not in use. Medicines administering records had been of good standard and all relevant information had been recorded and appropriately signed.

CD's were stored separately in a designated approved metal cupboard. Stock levels of CD's corresponded with records and records had been signed with a full signature by the witness and persons administering the CD's. Appropriate guidance was in place for people who require medicines as and when required. Records for people who were administered Warfarin were accurate and regular blood checks were carried out by the district nursing team to ensure the person received the appropriate dose of Warfarin. Medicines were audited monthly by the nurse in charge and quarterly by the dispensing pharmacist. During the most recent audit on 14 June 2017, the pharmacist found no issues with the storing, administration, recording and disposal of medicines.

We noted that some people received their medicines crushed or covertly, while we saw that this had been agreed by the persons GP in writing and formed part of the person best interest decisions for people who lacked capacity. However, we did not see evidence of the service contacting the pharmacist in respect of this.

We recommend contacting the pharmacist and getting guidance if medicines can be crushed or administered covertly as some medicines would lose their effectiveness in this process.

Is the service effective?

Our findings

People told that the environment required attention and the home should be redecorated. One relative told us, "Carpets are very dirty and sometimes smelly" and a person told us, "You can see the carpet has had a lot of use." We saw in a quality assurance survey undertaken in January 2017 a comment made by one person, "The home is not so good on repairs." Another person commented, "Could do with some maintenance in the garden and decorating in the lounge."

During the tour of the building as part of our inspection, we noted a number of maintenance and decorating issues which had not been addressed. For example, the carpet in the lounge was very dirty and required replacing. Curtains in a number of rooms were loose and needed to be rehung. The assisted bathroom on the ground floor did not have a shower curtain or screen to ensure people's privacy was maintained. Two rooms used by people had a strong smell of urine and required attention. En-suite showers in four rooms were not working and the hand wash basin in one room was broken. Light bulbs in communal areas, bedrooms and the hallway were not working, which made the home quite dark and hallways were dimly lit. We noticed the extractor in the kitchen was not working staff told us that this led to uncomfortable working temperature in the kitchen. We observed that there were no fly screens on the kitchen windows on the first day of our inspection. We asked the cook if the owner knew that the extractor fan was broken and they told us, "They do know it. It gets really hot sometimes here."

The home had a large garden, but seating was dated and not suitable for use. We also observed that no shaded areas were made available to enable people to make use of the large garden, which was overgrown in some areas.

The registered manager told us that there was no designated person employed to deal and respond to day to day maintenance issues and a male carer was asked on a casual basis to replace light bulbs.

This meant the service did not meet individual needs by the design and decoration of the service.

The above deficiencies were a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that had received regular training and that further training was planned for the near future. One member of staff told us, "I have regular meetings with [manager's name] and had training last summer. We were told that more training was planned for July." We saw in the training matrix that the majority of staff had received training such as first aid, moving and handling, falls prevention, safeguarding adults, food safety, fire safety, health and safety, mental capacity act and deprivation of liberty safeguards in July 2016. We saw evidence that refresher training was booked for July 2017. One care worker told us, "The training helped my development and improved the quality of care I provide to residents."

Staff records we looked at showed they had received regular supervisions and appraisals. New staff had received an induction which was based on the Care Certificate. The Care Certificate was officially launched

in March 2015. It aims to equip health and social care support workers with the knowledge and skills they need to provide safe and compassionate care. This meant that staff had the knowledge and skills to meet people's needs.

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 decision 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).

The home had a separate DoLS folder, which contained all standard authorisations made and information when these were due for renewal. A number of people had "do not attempt to resuscitate" (DNAR) notices in place. These were completed appropriately; however they were not kept at the front of people's care plan folders. All care plan folders where people had a DNAR in place had written information at the start of their file stating that the person had a DNAR. We discussed this with the registered manager who advised us that she would put all DNAR notices at the front of people's care folders. Staff told us that they had received MCA and DoLS training and training records confirmed this. One relative told us that they had been present during their relatives DoLS assessment and that the person was able to contribute towards the assessment. Staff told us that they would always presume people had capacity and would always ask and tell the person what they were about to do. We observed this during our visit. For example; we overheard one care staff asking a person if it was ok to have a wash and another person if they were happy to come to the lounge. This meant appropriate systems were in place and legislation had been followed where people lacked capacity to make certain decisions.

We spent time speaking with the cook during the first day of our inspection. The cook told us that sufficient food and ingredients were always available and she was responsible for the ordering from a local supermarket. The home had a four week rolling menu, which had two food choices, which was usually either a vegetarian or fish/meat option. All meals were cooked freshly and we saw that there was a right balance between carbohydrates, vegetable and meat or fish. The cook and the kitchen staff were knowledgeable of people's likes and dislikes and had records of these in a folder in the kitchen and this was displayed. For example; we saw a list documenting if people liked their bread with or without crust, how they preferred their drinks and also how they required having their food prepared. For example, cut up in smaller pieces or pureed. Each meal was served on a tray which had a small laminated card including basic information how the person liked their food, if the person required assistance or if the person liked bigger or smaller portion sizes.

We observed people being encouraged to eat together in the dining room on the first floor, which was taken up by approximately five people. However, we found that the table could have been set more attractively with some flowers or condiments. We also saw the member of staff using their smart phone to play some music and we suggested a small radio or music system could be purchased to provide a more relaxed and enjoyable dining experience. People told us, "The food is pretty good", "Good food always" and "I like the food, but it would be nice to have more exotic fruit." One relative told us, "Mum wasn't eating or drinking when she came here. She needed encouragement which wasn't there to begin with and she lost some weight, but this is much better now."

People who required thickeners were provided with these. Regular weight checks had been carried out. We saw in people's records that people who had swallowing difficulties or had lost weight; the appropriate clinical advice was sought from a designated health care professional. This meant that people were supported to eat and drink enough and a balanced diet was maintained.

The home was visited by the GP one day per week and a GP diary was in place to ensure any issues were recorded which the home wanted to discuss with the GP in regards to individual people. It also contained questions which relatives asked the nurse in charge to discuss with the GP. We saw from people's health care records that referrals had been made if people's health had changed or deteriorated. For example, if people developed pressure areas a referral to the tissue viability nurse had been made. We also saw that people with chronic conditions such as diabetes received additional clinical support from a specialist nurse. The optician visited the home annually to check people's eyesight and regular podiatrist visits were carried. This was a private arrangement and people had to pay for this service additionally. This however was clearly communicated with people who used the service. We found that people's day to day healthcare needs had been met.

Is the service caring?

Our findings

We viewed comments relatives and people who used the service made during the annual quality questionnaire in January 2017. These included, "Nice caring staff, [staff name] looks after mum beautiful" and "This is very good home and run very well." Comments made by people during this inspection included, "The staff are welcoming and friendly, but I think they are a bit short in numbers" and "They do ask me about getting up and going to bed" and "There is always water available, but I don't know how often they change it and I have to ask for a glass, I know staff care and do their best."

We observed positive caring relationships during our inspection. For example, we saw on one occasion a person pressing the call bell and staff appeared within minutes and asked the person what assistance was required. Staff took their time to explain to the person why breakfast was not ready. We also observed that staff spoke a little bit louder due to the person being hard of hearing. On another occasion we observed a member of staff spending time with a person who was bedbound and discussing the day. While staff appeared busy during the morning we observed more positive actions during and after lunch where staff took time to sit and speak with people. There was a core team of staff who had worked at Oakleigh House for a number of years and showed a good understanding of people's history when we talked to them. We saw on a number of occasions when a person became distressed staff taking time talking to the person and explaining to the person that what he did was risky or offering the person something to drink or eat.

We observed people being asked what they wanted to drink or if they chose to go to the second floor for lunch, a couple of people decided that they did not want to leave the living room and staff happily accepted people's choice. The service arranged regular meetings for people who used the service to comment on the service and question whether they would like to have anything changed. The meetings were usually arranged every two months. We looked at the minutes for the last two meetings and the comments made by people were very positive and no concerns were raised. This meant people were encouraged to comment on their care and make decisions around the treatment or care provided.

The home has a dignity champion appointed. A dignity champion is a member of staff who supports the team to ensure treatment or care was provided in a dignifying way and people were respected. Care staff told us that they would always knock prior to entering people's rooms, address people with their name and ensure people were covered when personal care was provided. We observed that care staff knocked at people's doors before entering, which was also confirmed by people we spoke with. One person told us, "They do knock when they come in. I like the outer door wide open and the inner door ajar and they leave it like that for me." Relatives told us that they were happy with the visiting hours and we observed relatives visiting people privately in their room or in the communal area.

A minister from the local Catholic Church visited Oakleigh House every Monday to give people Holy Communion to people who wished to receive it. The current service users group was less diverse than in the past. The majority of people living at Oakleigh House were from British or Irish heritage. People who used the service did not raise any concerns about whether the home was meeting their diversity.

Is the service responsive?

Our findings

We viewed care plans and assessments for four people which included their assessment carried out on admission. We asked people if they knew about the care plans, but people were unable to confirm that they had seen their care plan. One relative told us that they had been involved in their relatives care plan and staff asked them about the relative and they said that they had contributed. "When he moved in, they asked me about the help he needs."

We found that care plans documented little information in how to support people who used the service and meet their assessed needs. For example, one person had been assessed as at risk of malnutrition. However, the nutritional care plan stated that the person was not at risk. Whilst we observed that staff supported the person around nutrition, we were concerned that the conflicting message in the person's care plan could lead to the person's nutritional needs not being met.

One person was bedbound; we looked at their care plan and found that there was only information around falls prevention. This person's assessment stated that they were at high risk of developing pressure ulcers. The person's skin integrity care plan from October 2016 however provided very basic information on how to prevent and how to support the person in case the person developed a pressure ulcer. For example '[person's name] if skin intact, skin requires monitoring, if skin becomes dry it needs to be kept moisturised.' We saw in the person's daily record that the person developed a pressure ulcer in March 2017; however the person's skin integrity care plan had not been updated. The person had been visited by a tissue viability nurse (TVN) who provided instructions to staff about how to support the person. Whilst we were satisfied that staff used appropriate preventative strategies and a pressure relieving equipment as recommended by the TVN, this should be recorded in the person's care plan.

Another person had a speech and language (SALT) assessment undertaken during a stay at hospital in March 2017. This stated the person, was at 'high risk of silent aspiration'. A subsequent SALT test was done in June 2017 and the dietician recommended normal fluids, an easy chew diet, upright position, smaller mouthfuls and that staff monitor this person for signs of aspiration. However, this information was not documented in the person's care plan other than basic information. Further, the assessed needs from the SALT test in June 2017 were not included in the person's care plan.

This meant that people did not receive personalised care that was responsive to their needs.

This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since our last inspection in September 2015 the provider had employed an activity coordinator. The activity coordinator told us that she introduced activities such as reminiscence, group activities such as music or chair exercises, scrabble, dominoes, puzzles or play card. The activity coordinator told us, "One person only plays cards and that is what I do with them. It always depends on the individual's ability." One person told us that she, "sometimes goes downstairs for activities." On the second day of our inspection a music therapist

visited the home. We observed the session which was very versatile, the session included sing a long, playing of instruments and a quiz. People were very engaged during the session and relatives' visiting the home were encouraged to take part. Activities were recorded in people's care records, these showed that people were offered and took part in activities.

The PIR informed us that the home had received six formal complaints over the past twelve months. The online training log confirmed this. All complaints were documented in detail and actions taken by the provider were recorded. One relative told us, "I did make a complaint and we had a meeting, it got sorted out, but so far I didn't get a written response." We spoke with the registered manager who told us that the meeting was only recently concluded and she was in the process of preparing a written response. One person told us, "I would speak with the carer if I had any complaints." We saw a copy of the complaints procedure displayed in the entrance hall and people would receive a copy of the complaints procedure during their admission. In addition to being encouraged to make formal complaints, people were able to raise concerns during residents meetings and annual quality assurance questionnaires.

Is the service well-led?

Our findings

Previously we found that the provider had good working quality assurance systems in place to ensure the quality of treatment or care was monitored regularly. We asked the registered manager to see these. However, we were informed that since August 2016 not all formal quality assurance monitoring had been carried out. The lack of robust quality assurance monitoring systems resulted in some of the shortfalls we found during our inspection, these included that some care plans did not reflect and respond to people's changing needs and did not provide staff with detailed information in how people's needs were best met. Risk assessments were not always based on people's assessed needs and risk management plans were found to be very basic without providing sufficient detail in how risks can be minimised and managed appropriately. The lack of regular checks of the environment resulted in some areas of the home not being repaired and maintained appropriately, which resulted in some of the flooring being uneven which was a potential risk for people to trip when walking independently.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed the failure of continuing with robust quality assurance systems with the registered manager, who explained that due to personal circumstances she had to spend less time in the service, which made an impact on the quality of care and the environment.

We saw that some quality assurance checks were in place, this included incidents and accidents were recorded with details about any action taken and learning for the service. The accidents and incidents were audited by the registered manager every two months which allowed the provider to assess if there was a pattern. Staff said that learning from incidents was discussed at staff meetings and in their training.

Staff told us and records confirmed that there were regular fire drills and fire alarm checks and servicing of alarms and fire-fighting equipment. A recently reviewed fire risk assessment and evacuation plan was in place. Certificates were available to demonstrate current and appropriate gas and electrical installation safety checks, and portable appliances testing.

One care worker told us, "I like working here, we are a good team, the manager [manager's name] is very supportive and she always asks me if there is anything we can change." Another care worker told us, "We have meetings every two months and I feel that I can contribute if something needs to be changed." Another care worker told us, "It is great to have [registered nurse name] back, which will help to improve things." People who used the service told us, "This is a very good home and run very well." One relative told us, "I am not sure whether I can say it is well-led, but I can always speak with [registered manager name] if I have any issues."

People who used the service had regular opportunities to take part in residents meetings; these were arranged every two months. The last meeting in April 2017 was well attended by people who use the service, people were asked for feedback about the care provided, but no concerns were raised. Overall feedback

received was very positive. The most recent annual quality survey from January 2017 was completed by ten people who used the service and relatives. People made positive comments which included, "I am very pleased with the care" and "Friendly staff, nice tea and coffee for us all." However, a number of comments were in relation to the environment and maintenance of the home. These included "The home is a little slow in decorating" and "The carpet in the lounge is very dirty."

Staff told us that they felt well supported by the manager and had received regular supervisions as well as regular staff meetings. They told us that their views were listened to and felt confident in raising concerns, including using the providers whistle blowing procedure if required. One care worker told us, "I am happy to raise anything with [registered manager's name]."

The registered manager was also the owner of Oakleigh House Nursing Home. She was mainly responsible for administrative issues and the day to day management of the home. She was not a qualified nurse. The registered manager told us that the last clinical lead left in May 2017 and recruitment to fill the vacancy was difficult. We were advised during the second day of our inspection, that a suitable candidate had been recruited, who verbally agreed to fill the vacancy. The person was already employed on a temporary basis at Oakleigh House Nursing Home. The registered manager told us that the clinical lead was employed to address all clinical and nursing related decisions.

The registered manager understood what incidents they needed to report to CQC or the local authority, which included safeguarding incidents, police incidents and notifications of serious injuries or deaths.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The care and treatment of service users did not reflect their assessed needs and the care plans did not document how these assessed needs were met. Regulation 9 (1) (b) & (3) (a) (b).
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Service users were not always prevented of the risk from detecting and controlling the spread of infections including those that are healthcare associated. Regulation 12 (1) (2) (h).
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The premises and equipment used by service users and provided by the service provider was not clean, secure, suitable for the purpose for which they were used and properly maintained. Regulation 15 (1) (a–e).
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider failed to have effective systems in place to ensure the quality of care and safety was assessed and improvements were made and the risk to people who used the

service was mitigated. Regulation 17 (1) (2) (a&b).

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Treatment and care was not provided in a safe way. Risks to the service user's health and safety were not always assessed and reasonable steps were not taken to mitigate such risks. The registered person did not ensure that the premises was safe to use for the intended purpose and were used in a safe way. Regulation 12 (1) (2) (a) (b) (d).

The enforcement action we took:

We served the provider a warning notice and told them to comply with the Regulation by 18 August 2017.