Oakleigh Residential Home Limited

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Inspection report

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

Summary of findings

Overall summary

This was an unannounced comprehensive inspection that took place on 8 March 2016.

Oakleigh Residential Home is a care home registered to accommodate up to 23 people who are aged over 65 and who may also have a physical disability or be living with dementia. The home is located on two floors, with lift access to both floors. The home has a variety of communal rooms and areas where people can relax. At the time of the inspection 23 people were using the service.

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 2008 and associated Regulations about how the service is run.'

People told us that they felt safe when staff supported them and that they enjoyed living at Oakleigh Residential Home.

Risk assessments were in place which set out how to support people in a safe manner. The service had safeguarding and whistleblowing procedures in place. Staff were aware of their responsibilities in these areas.

The provider carried out recruitment checks before staff started to work at the service.

People received their medicines safely and at the right time. Staff had not always signed to say that medicine had been administered. Medicine audits were completed but these did not cover all areas such as disposal, storage and administration of medicines.

Staff were supported through training and supervision to be able to meet the needs of the people who used the service. They undertook an induction programme when they started to work at the service.

Staff had an understanding of the Mental Capacity Act 2005. We saw that some assessments had been completed to see if someone had capacity to make decisions about their lives however these had not been completed consistently.

People were supported to maintain a balanced diet. We found that referrals to dieticians had not always been completed when someone had trouble with eating. People were generally supported to access healthcare services.

People told us that staff were caring. Staff we spoke with had a good understanding of how to promote people's dignity. Staff understood people's needs and preferences.

People were involved in decisions about their care. They told us that staff treated them with respect.

People were involved in the assessment of their needs. They were not always involved in the review of their needs.

People were supported to take part in activities that were of interest to them.

People told us they knew how to make a complaint. The service had a complaints procedure in place.

The service was well organised and led by a registered manager who understood their responsibilities under the Care Quality Commission (Registration) Regulations 2009.

People were asked for their feedback on the service that they received. The provider carried out monitoring of the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People told us that they felt safe. Staff knew how to recognise and respond to abuse correctly. The provider had effective recruitment procedures.

Staff managed the risks related to people's care. Where someone had behaviour that that may be classed as challenging there was no guidance how to support the person.

The environment was not maintained properly.

People received their medicines safely and at the right times. Where PRN (as required) medicines were prescribed there were no protocols describing when they should be used. These were being implemented.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff received training to develop their knowledge and skills to support people effectively.

People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005. Assessments of people's capacity had not always been completed.

People were supported to maintain a balanced diet. Referrals had not always been made to a dietician where someone had trouble with eating. People generally had access to the services of healthcare professionals as required.

Is the service caring?

Good

The service was caring.

Staff were kind and treated people with respect and dignity. Staff knew people's likes and dislikes.

People's privacy was respected and relatives and friends were

encouraged to visit.

Is the service responsive?

Good

The service was responsive

People's care plans were developed around their needs and were kept up to date and reflected people's preferences and choices. People were not always involved in reviewing their care plan.

People were able to participate in activities that they enjoyed.

People knew how to complain and felt confident to raise any concerns.

Is the service well-led?

Good

The service was well-led.

People knew who the manager was and felt they were approachable.

There were quality assurance procedures in place to monitor quality.

People had been asked for their opinion on the service that had been provided.

Oakleigh Residential Home Limited

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.

This inspection took place on 8 March 2016 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service and information we had received about the service from people who contacted us. We contacted the local authority that had funding responsibility for some of the people who used the service.

We met people who used the service and we spoke with fourteen people on a one to one basis and four relatives who were visiting the home. We observed staff communicating with people who used the service and supporting them throughout the day. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager, the head of care, the activities co-ordinator, two senior members of staff, one member of care staff and the cook.

We looked at the care records of five people who used the service and other documentation about how the home was managed. This included policies and procedures and records associated with quality assurance processes. We looked at four staff recruitment files to assess the recruitment process.

Requires Improvement

Is the service safe?

Our findings

People who used the service told us that they felt safe. Comments included, "I feel safe and am well looked after," "I feel safe here, It is lovely," and, "I am very safe and sound." All relatives who we spoke with told us that they felt that the service was safe. One relative told us, "She is safe." Another relative told us, "[Person's name] feels safe."

Staff we spoke with had a good understanding of how to protect people from types of harm and abuse. They understood their responsibilities to report any safeguarding concerns to a senior staff member, the registered manager or outside agencies if required. The management were aware of their responsibilities to report any safeguarding concerns to the local authority. Staff told us they were confident that any concerns they raised would be taken seriously by the registered manager. Staff training records confirmed that staff had received appropriate safeguarding training.

Staff managed the risks related to people's care. Each care plan had information about the risks associated with people's care and how staff should support the person to minimise risk. For example, one person had a risk assessment in place for the use of the call system. This had been completed to make sure that the person understood that the system was used to call for staff in case something was needed. The risk assessment covered areas such as the person physically being able to use the call bell as well as understanding what it could be used for. Risk assessments were reviewed monthly, or when someone's needs changed. This was important to make sure that information was current and was based on people's actual needs. We found that where someone had behaviour that may be classed as challenging this had been identified in their care plan. However there were no techniques recorded that would tell the staff how to support the person effectively to diffuse the behaviour. This meant that if the person was to display this behaviour there was no guidance in place for staff so that they could respond to the person consistently. We discussed with the registered manager who told us that they would make sure that this information was recorded.

People told us that they generally felt there were enough staff. One person told us, "The buzzer is answered within 5 to 10 minutes." Another person said, "The buzzer is answered." A relative told us, "Personal one to one time is not given." Staff told us that they felt there were enough staff except for certain periods during the day. For example later in the afternoon. One staff member said, "People can be more unsettled in the afternoon." We saw that the staff appeared to be busy but when people requested help staff would assist them as soon as they could. We found that staff spent time talking to people however did not have the time to sit down and have a conversation. The registered manager told us that the staffing levels had been agreed based on the needs of the people who lived in the home. The rota showed that the staffing levels that had been assessed as being appropriate were in place.

Staff maintained records of all accidents and incidents. These were monitored by the registered manager and actions that had been taken were recorded on each form. The registered manager told us that they were redeveloping the form to make it easier to use. We saw that accidents were audited each month and that changes were made to people's care to try and reduce the likelihood of a fall happening. For example

one person was referred to the GP and had their medicine changed as they said that they felt dizzy and this had made them more prone to falls.

The premises generally were clean and tidy. Cleaning schedules were in place and domestic staff were employed. We found that there were some areas that required maintenance. For example a number of the radiator covers were loose and not secured to the walls. The registered manager told us that they would ask the maintenance person to look at these areas. Staff told us that fire drills and system tests were carried out regularly. We saw that regular testing of fire equipment and evacuation procedures had taken place. The manager advised that where people may need additional support in the event of an evacuation they had a personal emergency evacuations plan in place. Where someone had specialist equipment, for example a hoist, we saw that this had been regularly serviced. However we found that the stair lift had not been tested within the required timeframes. The registered manager told us that they would follow this up.

The provider had a recruitment and selection procedure in place to ensure that appropriate checks were carried out on staff before they started work. We looked at the staff records for four people who currently worked at the service; the files contained relevant information including a record of a Disclosure and Barring (DBS) check, and references. These checks help to make sure that staff are suitable to work at the service.

People received their medicines as prescribed by their doctor or pharmacist. We saw that medicines, including controlled drugs, were administered and disposed of correctly and there were policies and procedures in place to support this. We found that the temperature of the room where medicines were stored was not monitored; however the temperature of the fridge where medicines were stored was recorded. This meant that medicines could have been stored at temperatures that were above the recommended storage levels. The registered manager agreed that they would monitor the temperature of the room and record this. We looked at the medication records and found that there were some gaps in the staff signing to say that they had administered a medicine to a person. The registered manager agreed to follow this up and make sure the records were completed correctly.

Staff had received training in medicines management and they were being assessed to ensure that they were competent to administer medicines. The majority of medicines were supplied by the pharmacy using a blister pack system. This system provided doses of peoples medicines in individual containers. This reduced the risks of medicine administration errors.

We saw that where people were prescribed medicines as PRN (as required) protocols were being developed for staff to follow to ensure that people received the right amounts at the right time. A member of staff who we spoke with who administered medicines could describe when PRN medicines should be administered, however this was not written down. The registered manager told us that they were in the process of implementing a medication audit. They told us that they checked different areas of the medicines each week but this was not a formal process. For example the manager had checked that the medication administration records had been signed correctly one week. This meant that checks were carried out but did not cover all areas of medicine administration, storage and disposal on a regular basis. The registered manager told us that the new audit would cover all areas of medicine administration, storage and disposal and be more robust.

Requires Improvement

Is the service effective?

Our findings

People told us that they felt that they were cared for by staff who were trained and who knew them well. One person told us, "The staff seem to be trained." Another person told us, "I think they are trained." A relative told us, "Staff understand [person's name] well."

We spoke with the staff who told us that they felt that they had done enough training to do their job well. We saw the training matrix that was used to monitor the training needs of the staff team. This showed that staff had completed training in a range of subjects. The registered manager confirmed that there was an induction process in place for new staff. One relative told us, "The new staff learn on the job." All the staff we spoke with told us that they had completed an induction that included training and shadowing more experienced members of staff. Records we saw confirmed that staff had completed an induction process.

Staff told us that they had supervision meetings with the registered manager; however staff told us that they had these at different frequencies. One staff member told us they had meetings every month and another told us they had meetings every three months. Staff received face to face supervision meetings with their manager, as well as observations of the care they provided. The registered manager told us that they wanted to carry out more regular supervisions meetings. They told us that all staff had attended one supervision meeting in 2016. Records we saw confirmed that these meetings had taken place. We saw that staff meetings had been held approximately three monthly and the minutes of these demonstrated that good practice issues and any areas where practice could be improved were discussed with the staff.

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).

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 were being met. We saw that where people may have been deprived of their liberty the registered manager had made applications to the 'Supervisory body' for authority to do so.

A relative told us, "The management consulted the GP and assessed [person's name] mental capacity." Staff told us that they had received training in MCA. Records we saw confirmed that this training had taken place. Staff had an understanding of MCA and DoLS. Care plans included information about how people made choices, however this information did not record how to involve people when they could not make their own decisions. The care plans recorded that some people did not have capacity however for the care plans we

looked at capacity assessments had not been carried out. This meant that the registered manager had not followed the correct process to determine if someone did have capacity to make a decision. We discussed this with the registered manager who told us that they would carry out assessments where they believed that someone did not have capacity. They told us they would record information about how to involve people in making their own decisions in each person's care plan.

People told us that they enjoyed the food and there were choices at mealtimes. One person told us, "I am given a choice on food and it is good and tempting." Another person said, "The food is good." A relative told us, "[Person's name] is well fed and they care about the food here." People were supported by staff at mealtimes. Where support was required staff offered this to the individual. We saw that most people ate in either of the dining rooms but that some people had chosen to eat in their rooms. There was a menu in the main hallway with planned meals and pictures were used so people could see what the meal was. We also saw that there were pictures of alternative meals that were available. The cook told us that people were involved with developing the menus and asked for certain meals to be added to the menu. Throughout the day people were offered drinks and snacks. People had care plans which included information on dietary needs and support that was required. Staff we spoke with were able to tell us about people's dietary needs and were knowledgeable about how to support people who needed additional support.

People's healthcare was monitored and where a need was identified they were generally referred to the relevant healthcare professional. One person told us, "If I need a GP they would call." Records showed that people were supported to attend routine appointments to maintain their wellbeing, such as the dentist and chiropodist. We saw that staff monitored any change in people's needs, sought advice from health professionals and recorded what actions they had taken. We found that one person had been sick and as a result of this had not received their medicine. We discussed this with the registered manager who told us that in those circumstances a healthcare professional had not been contacted for advice. They told us that in the future if someone did not receive their medicine as a result of being unwell they would seek advice from a healthcare professional. We saw that one person had a soft diet. The cook and the staff confirmed this. However this person had not been assessed by the dietician to confirm that a soft diet was needed or the most appropriate diet for the individual. We discussed this with the registered manager who told us that where it was felt that people needed a soft diet they would contact the dieticians for an assessment. We spoke with a district nurse who visited the home on the day of the inspection. She told us that she had no concerns and that she found the staff to be helpful. She told us that the staff could tell her what she needed to know or where to where to look for the information.

Good

Is the service caring?

Our findings

People spoke well of the care provided and the staff. One person told us, "I am looked after." Another person told us, "The staff are nice and polite." One person told us, "It seems that the manager sets a caring approach." Relatives told us that they were happy with the care and the staff. Comments included, "The staff seem to be cheerful and it is homely," "She is well looked after," and "The staff seem to be lovely and caring." A visiting health professional told us, "The staff are caring and treat people as individuals."

Staff knew the people they cared for, they were able to tell us about what people liked, and disliked and how they used this information to support and care for people. One staff member told us that they asked people how they wanted to be cared for. We saw that staff communicated with people effectively. They ensured that they were at eye level with the person they were talking to and altered the tone of their voice appropriately. We saw that when someone asked for a staff member to help them, the staff supported the person as soon as they had finished the task that they were completing. They did tell the person they would be with them as soon as they had finished helping another person.

People told us that they had not been involved in planning their own care. One person told us, "Nothing is discussed about care planning." The registered manager told us that people were involved in their own care planning and that their relatives were involved as well. The registered manager told us that they would try to find ways of involving people more in planning their own care so that they recognised that they had been involved. Care plans included information about people's likes, dislikes, preferences and history. This showed that people had been involved in developing their care plans and saying how they wanted to receive their care.

People told us that staff were respectful to them. One person told us, "The staff respect you." Staff told us how they protected people's privacy and dignity, examples of this included knocking on doors, using people's preferred names and getting people to do as much for themselves as possible through encouragement and prompting. One staff member told us, "We promote as much dignity as we can." Another staff member told us, "Let people know what you are going to do." We saw that staff provided reassurance and explanations to people when they supported them.

Staff told us how they promoted people's independence. We saw that people were prompted to do what they could for themselves during mealtimes. One staff member told us, "We give people choices and let the person do what they can." Another staff member told us, "I let people do things for themselves when they can. I encourage one person to use their walking frame rather than accept when they say 'I can't walk."

People told us that their family visited them. One person told us, "My son visits every day." Relatives told us that they could visit when they wanted to. We saw that relatives visited throughout the day of the inspection.

People were encouraged to personalise their own private space to make them feel at home. We were invited to see five bedrooms and people had brought their own items to make them feel at home. The communal

areas had been decorated in a homely manner. For example, in the lounges there were pictures, ornaments and flowers placed around the home. There were areas where books and CD's were available so that people could use these. We saw that people had fresh flowers and cards from friends and family placed around the area where they preferred to sit in the communal areas.

Good

Is the service responsive?

Our findings

People told us that the service was responsive to their needs and that staff had a good understanding of how to support them. One person told us, "If you can't be at home this is the place to be. I am well looked after." Another person told us, "My normal routine is in place." Relatives told us that they felt that the service met peoples' needs. One relative told us, "[Person's name] was admitted due to needing staff continuity instead of being at home. She is content." Another relative told us, "[Person's name] has a wicked sense of humour that the staff share."

We saw that care plans had information about each person, their needs, how to support them and any changes to their needs. The care plans had been updated monthly to help ensure the information was accurate. We saw that reviews were held but that these did not involve the person or their family. We discussed this with the registered manager. They told us that the reviews were carried out by staff who knew the person well. The registered manager agreed to develop a way to make sure that people were involved in reviewing their care. We saw that where people had expressed preferences about their care this had been recorded.

Information about people was shared effectively between staff. A staff handover was held between senior staff and the information was then passed to the care staff that were on duty. We saw that staff shared information about any changes to care needs, or if something had happened. This meant that staff received up to date information before the beginning of their shift. We saw that the information was also recorded in a communication book so that staff were able to see what had happened when they had not been on shift.

People told us that they took part in activities that they enjoyed. One person told us, "I can go out locally." A relative told us, "[Person's name] has done painting and embroidery." Another relative told us, "Her only activity is knitting." We saw that people were supported to take part in activities. An activity co-ordinator had been employed part time who arranged an activity for people each day. There was one planned activity each day. These included bingo, the hairdresser, videos and crafts. During the inspection we saw that people were completing adult colouring books, knitting, and crosswords throughout the day however people were not supported to complete these activities. Staff told us that people were encouraged to participate in activities. One staff member told us, "A lot of people have photo albums, we encourage this. We used the mobility bus for trips out and we have had an accordion player and signers visit." Another staff member told us, "We have holy communion once a month and gardening when the weather is nice. [Person's name] likes gardening." The registered manager told us that they had arranged for the local scouts to come to the home to work in the garden to make this as colourful and interesting for people.

People could not remember having residents meetings. We saw the minutes from the last two meetings and these had been held in August 2015 and January 2016 with limited attendance. We saw that activities, outings, and food were discussed. People were encouraged to give their views on what was working for them, and what they wanted to improve. The cook told us that the menu's had been changed as a result of feedback from the residents meetings. his meant that people were encouraged to express their views.

All of the people we spoke with told us they would raise any concerns with the manager. One person told us, "If you have any complaints you can tell the manager." A relative told us, "There was an issue but that has now been resolved." All relatives we spoke with told us they knew how to make a complaint and were confident to do so. We saw a complaints policy was in place and was available in the main entrance to the home. This did not include timescales for when a complaint would be responded to. There had not been any complaints received.

Good

Is the service well-led?

Our findings

People told us that they were happy living at Oakleigh Residential Home. Comments included, "This place is very good," "I like it here, It is lovely," and "It is homely here. Relatives told us that they felt happy with the home. One relative told us, "The home is absolutely perfect." Another said, "The home has a good reputation, there is good care and [person's name] is mentally stimulated."

People told us that they knew who the manager was and that they felt listened to. One person told us, "I know who the manager is; She goes around and listens to us." Another person told us, "I know the manager listens to any problems." Some staff told us that they felt they could approach the manager. One staff member told us, "I have spoken with the manager about better ways of doing things." Another staff member told us, "Sometimes the manager and the head of care don't listen. They have been here a long time and don't like change." One staff member told us, "The manager is good, she is thought a lot of by families and makes them feel welcome." The registered manager told us that they had been in post for a number of years and that their main aim was for 'happy people, happy home, happy staff'. They told us that they liked to make sure that they spent time in the home to see what was happening and to develop relationships with people who used the service. We saw on the day of the inspection that the registered manager spent time walking around the home and talking to people who used the service.

Staff told us that they knew how to raise suggestions. Some staff felt comfortable to do this however one staff member told us, "I didn't go to the last team meeting as I am not listened to." The registered manager told us that they would listen to staff suggestions and that the staff team worked well together to make sure that people received good support. One staff member told us, "The staff are willing to come in and volunteer their time."

The management structure in the home provided clear lines of responsibility and accountability. The registered manager was supported by the head of care and senior support workers. They were also supported and monitored by the owner who visited the service on a regular basis. The provider's aims and objectives for the service had been shared with everyone. We saw that a copy of these was available in the main entrance to the home. Staff we spoke with showed an understanding of the values and aims. One staff member told us, "The service ensures people health safety and happiness."

The registered manager told us that they carried out audits to ensure that they provided a high quality service. This included audits on medication, falls and accidents and incidents. The audits were not all recorded and there was no guidance to ensure that all areas were taken into account. For example checks were carried out on the delivery of the medicine however there was not a set list of what should be checked. The registered manager told us that people who carried out these checks knew what to do. They did agree that they would record what should be checked to make sure that all staff completed this check the same way. The registered manager told us that they would implement checks to make sure that cleaning and maintenance had been completed.

We saw that people who used the service and relatives had received surveys at the end of 2015 to seek their

feedback on the service and to listen to any comments that they had. Following the survey the registered manager told us that they would analyse the results and discuss any feedback with the residents and their relatives. This had not yet been completed for the most recent survey. The registered manager told us that this would be completed as soon as possible.

The registered manager understood their responsibilities to report events that they were required to report to CQC. They had reported events to CQC appropriately.