Care Quality Commission

Precious Health Care Limited

Oakleigh House Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

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, and to pilot a new inspection process being introduced by the Care Quality Commission (CQC) which looks at the overall quality of the service.

This was an unannounced inspection. Oakleigh House Nursing Home is a nursing home that provides personal care and accommodation for up to twenty older people. Some people had dementia, physical disabilities and/or a sensory impairment. There were eighteen people living in the home at the time of the inspection. The home is located in a residential area of Hatch End in the London Borough of Harrow.

Summary of findings

The home had a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. The registered manager is also a director of the organisation.

Most people told us that they were happy living in the home. Conversations with visitors and others important to people indicated there was general satisfaction with the service provided. Feedback from some people however, indicated they were unhappy about some aspects of the service including limited opportunity to participate in activities, and response to concerns and complaints.

People's safety was compromised by the way some medicines were administered.

Staff liaised with healthcare and social care professionals to obtain specialist advice so people received the care and treatment that they needed. Some care monitoring records however, were not up to date so it was not evident if people always received the care they needed.

People told us that they were treated with dignity and respect and there were enough staff. Staff were up to date with core training and had qualifications in health and social care. Staff received regular supervision and support. Appropriate checks were carried out when staff were recruited. There was reliance however, upon the use of agency nursing staff which did not promote consistency of care.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). Staff had received Mental Capacity Act 2005 (MCA) training and had knowledge of DoLS. People had risk assessments to protect them from harm whilst promoting their independence. The registered manager knew what constituted restraint and knew that a person's deprivation of liberty must be legally authorised. The service had plans to review whether any applications needed to be made in response to the Supreme Court judgement in relation to DoLS.

People's needs were assessed and care and support were planned and delivered to meet people's individual needs. Staff were familiar with people's individual needs and their key risks.

There were some systems in place to monitor the quality of the service and improvements were made when needed. However, there were areas where it was not apparent that strategies were in place to minimise risk, make improvements and ensure the smooth running of the service.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

There were aspects of the service which were not safe. Medicines were not always managed safely.

Staff were clear about their roles and responsibilities. There were sufficient staff on duty to meet people's needs and staff were recruited appropriately.

The lack of permanent nursing staff meant there was a reliance on the employment of agency nurses which did not promote consistency of nursing care.

The home had systems in place to identify and manage risks relating to people's health, welfare and safety. There were arrangements in place to safeguard people from abuse. Staff knew about the action they should take within legal requirements when determining whether people needed to be deprived of their liberty to keep them safe. People told us that they felt safe and did not have concerns about their safety.

Is the service effective?

Good

Staff received appropriate training and support to meet the needs of people they supported.

Some people's food and fluid monitoring charts were only partially recorded and therefore did not indicate whether people were receiving sufficient drinks and nutrition. People were provided with a choice of food and drinks.

Staff had an understanding of people's dietary needs and preferences and provided people with assistance with their meals in a considerate manner.

People were supported to maintain good health and accessed healthcare services. Staff told us they felt well supported by the registered manager.

Is the service caring?

Good

The service was caring. We found that staff treated people with kindness and their dignity was respected. People told us they were provided with the assistance that they needed and that staff were caring and considerate.

Most people and those important to them told us that they were involved in decisions about the care provided. People had the opportunity to express their views about their care and treatment.

Is the service responsive?

Requires Improvement

The service was not always responsive. We found some peoples' health and care needs were not adequately monitored to ensure their health and welfare.

Summary of findings

People knew how to raise complaints but complaints were not always dealt with in an open, transparent and objective way so people received clear responses to their complaints.

Meetings were held with relatives and people who used the service to obtain their views of the service and to make improvements when needed.

We found that people were provided with some choices about how they wanted to spend their time. However, some people told us there was not always enough to do.

Assessments were undertaken and care plans developed to identify people's health and care needs.

Is the service well-led?

There were aspects of the service that were not well led. Although the leadership in the home was consistent and visible, and staff told us they were well supported by the registered manager, there were some areas where we found deficiencies in the service that had not been identified from the checks carried out on the quality of care of the service.

The registered manager had a good working relationship with external social care and health professionals.

Requires Improvement

Oakleigh House Nursing Home

Detailed findings

Background to this inspection

The inspection was carried out on the 5 and 6 August 2014 by two inspectors, a specialist nursing advisor 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 service.

We spent time observing care and support being delivered to people. We looked at records, which included seven people's care records and records relating to the management of the service. Other records we looked at included staff training, supervisions and recruitment records. We also inspected part of the premises.

We spoke with 13 people who used the service and three visitors. We also spoke with seven care workers, the cook, two ancillary staff, two nurses, the activities worker, the registered manager who was also a director of the company that owned the home and a second director of the company. During the inspection we contacted by telephone seven relatives of people who used the service. They provided us with their views of the service. After the inspection we spoke with three healthcare professionals and a social worker.

As some people had communication needs and were unable to describe their experience of living in the home we used an observational tool called 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 to help us understand the experience of people who could not talk with us.

Before the inspection 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. We reviewed the information included in the PIR along with other information we held about the home. At our last inspection in May 2013 we did not identify any concerns with the care provided to people who lived at the service.

Requires Improvement

Is the service safe?

Our findings

We found during this inspection that the provider did not have suitable arrangements in place to protect people against the risks associated with the unsafe use and management of medicines. When we checked the systems for storage and administration of controlled drugs (CD) we found the strength of the medicine was not recorded in two records in the CD record book, so there was some risk of administration of an incorrect dose of medicines. We found tubes of topical medicines/ creams in three people's bedrooms, which did not have a pharmacist label on them that described the medicines and the administration instructions for the individual person. There was therefore a risk of the medicines being administered to people incorrectly. There was no date of opening on a pot of barrier cream, and two tubes of antibiotic cream had not been discarded after four weeks of having been opened despite written instructions from the manufacturer. This could place people's safety at risk.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Medicines were stored securely and records were kept of medicines received and disposed of. People's medication needs and guidance to meet those needs were recorded in their care plan. Registered nurses managed and administered medicines to people. We looked at four people's medicines administration records. These were up to date, with no gaps in recording when medicines were given to the person. This informed us that people had received their medicines at the prescribed time.

Most areas of the home were clean. On the first day of the inspection however, we saw waste paper bins that had not been emptied, some lampshades were dusty, in one bathroom we found unclean laundry which had an offensive odour left in a bag on a trolley and some carpets in people's bedrooms and in communal areas were stained. Aspects of infection control were not consistently applied by staff working at the service. For example in a number of cupboards in people's bedrooms we found tubes of toothpaste without tops on, where there were also tubs of barrier cream. On the second day of the inspection we found that action had been taken in response to our findings and some improvements had been made. During the inspection we found there was hand sanitiser gel located in the reception area. Staff were seen wearing protective clothing including disposable gloves and aprons. Guidance about good hand washing techniques was displayed.

There were no stickers or other signs located on glass sliding doors located in the lounge leading out into the garden. Following the inspection the registered manager purchased appropriate stickers and supplied us with evidence that these were now in place on the doors to prevent people walking into them. A portable ramp from the patio doors to the garden was not stable when we walked on it. The registered manager told us that the portable ramp should only have been in place when needed by a wheelchair user, and she would speak to staff to ensure that they were all aware of that.

Appropriate staff recruitment and selection processes were carried out. These included obtaining references, employment history and criminal checks to establish that people were suitable to care for people living in the home.

During the inspection there were sufficient staff on duty to meet people's care needs and to enable some people to participate in some activities. Call bells were answered promptly. Healthcare and social care professionals all stated that they thought that there were enough staff on duty when they visited the home. However, a visitor told us that they felt that people on occasions had to wait sometime after requesting assistance from staff. During the inspection we found that call bells were answered promptly and staff responded without delay when people asked for help. The registered manager provided us with a recent example of extra staff being on duty to meet the changing needs of a person.

The registered manager told us that there had recently been difficulties recruiting nursing and care staff due to several staff leaving within a short period of time. She informed us that action was being taken to resolve this, recruitment of staff was taking place and a permanent clinical lead nurse was due to start working in the home in August. We found that since the clinical lead nurse had left employment at the service there had been a lack of a permanent senior nurse overseeing the nursing provided to people and a significant reliance upon the employment of agency nurses. For example, on each day of the inspection a different agency nurse provided the nursing in the home. The lack of regular agency nurses who knew people well and the absence of permanent nursing staff at the time of

Requires Improvement

Is the service safe?

our inspection did not promote consistency of nursing care by nurses familiar with the service and people's varied needs. This could have contributed to the deficiencies we found in the delivery of care, management of medicines and record keeping, which the registered manager told us were part of the nurse's role. A visitor made a comment about there being a lack of continuity of nursing staff due to the frequent use of agency nurses. They commented, "There seems to be different nurses most days".

People told us that they felt safe living in the home and would speak to staff if they had a concern about their welfare. Healthcare professionals we spoke with had no concerns with regard to people's safety.

There were systems in place to protect people from abuse and to keep them free from harm.

Staff were knowledgeable in recognising signs of abuse and the related reporting procedures. Staff told us that they had received training about safeguarding people. Records confirmed this.

Assessments were undertaken to identify risks to people who used the service. When risk was identified for example; risk of falls, and moving and handling, we found guidance detailed the action that staff needed to take to minimise the risk of people being harmed. During our inspection we found that staff followed this guidance. For example, we saw staff used appropriate equipment to assist people when they helped them transfer from a chair to a wheelchair.

Staff took appropriate action following incidents. We found that incidents were recorded and where appropriate reported to organisations including the Care Quality Commission and local authorities. Action had been taken by the registered manager to minimise the risk of incidents happening again.

The manager was aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA is legislation to protect people who are unable to make decisions for themselves. Staff had received MCA training and had knowledge of DoLS.

People had risk assessments to protect them from harm whilst promoting their independence. The registered manager knew what constituted restraint and knew that a person's deprivation of liberty must be legally authorised. There were no DoLS authorisations in place. The service had plans to review whether any applications needed to be made in response to the Supreme Court judgement in relation to DoLS.

Good

Is the service effective?

Our findings

People told us that they were happy with the care that they received. Some people living in the home were unable to tell us whether they felt that staff had the appropriate knowledge and skills to provide them with the service that they wanted and needed. Two people who had lived in the home for several years told us that their needs were being met by staff and they felt involved in the provisions of their care. Visitors told us that they felt that staff were competent and had the skills needed to carry out their roles and responsibilities. A visitor said "most staff are very good."

Staff completed induction training and had received training on a variety of topics relevant to their roles except for dementia care training, which the registered manager told us she planned to facilitate for staff. Staff were able to undertake additional relevant qualifications. A care worker told us that they were in the process of completing a qualification in health and social care. Staff were appropriately supported in their roles through supervision and appraisal. A care worker told us that they felt supported by the manager and the home was a "good place to work."

Care plans identified the areas where people needed help and support from staff. Staff had an understanding of people's needs and responded promptly when people asked for their assistance.

The home's décor was 'tired' looking in some areas. We found some paintwork was chipped and marked. It was not evident that people's individual needs had been enhanced by the decoration of the home. For example there was no evidence that signage and paint colour were used to support and accommodate people with dementia and sensory needs to be familiar with the layout of the home and promote their independence. A director told us that there were plans to carry out extensive redecoration of the home, which would include appropriate signs to help people find their way within the home.

People had access to health services. People had attended hospital appointments and received visits from GPs, dentists, social workers, palliative care nurses, dietitians, opticians and chiropodists. A GP visited the home during our inspection and reviewed the medical needs of several people living in the home. Healthcare and social care professionals told us that they thought people received the care they needed and had their needs regularly reviewed. A healthcare professional told us that they were contacted when staff had concerns about people's health needs and said "residents appear to be well looked after." A visitor told us that their relative had their specific health needs met and monitored well by staff.

The cook knew about people's dietary needs and provided us with examples of people's food preferences having been incorporated in the menu. We saw that people's dietary needs were catered for. For example, a person had requested a particular hot drink at night and that had been provided and another person had requested a small plate for their meals and this had been arranged. When people needed help with their meal staff provided appropriate assistance. We saw that people were not rushed during lunch and a choice of drinks were offered to people throughout the day. People told us that they enjoyed the meals. Comments from people included "I enjoy the food," "The cook takes into consideration what I like," and "The food is nice, I have a choice."

Good

Is the service caring?

Our findings

Comments from people about the staff included; "They [staff] help me, I think they do listen," and "They [staff] look after me, I am very comfortable. We observed that staff including nurses, care staff, the cook and the activities worker engaged positively with people. Staff could tell us about people's needs and knew about their personal history. We saw staff interacted with people in a positive manner. They frequently asked people how they were feeling and we saw staff responded promptly when a person asked for assistance to go to use the bathroom facilities. Most people spoke in a positive manner about the staff and three people nodded their head and smiled when we asked if staff were kind to them.

People were supported to make choices. We heard the activities worker ask people if they wanted to join in activities and their decisions were respected. A person who used the service told us that they were supported to make decisions about their life. They told us that staff listened to them and provided them with the support that they needed in the way that they wanted. The person told us that "I can choose to stay in my room or not. I chose what to wear and what I want to do."

A visitor provided us with an example of staff having respected a person's decision to stay in bed on a particular day. Visitors and relatives of people we spoke to on the phone told us that "Staff listen," and "If people want to stay up later they can do. They go to bed when they want to," and "all the staff are good with people." One person said that they had chosen the clothes that they were wearing. A visitor told us that their relative was "always nicely dressed." Another person told us that they could choose when they wanted to go to bed and get up and could choose whether to spend time in their bedroom or in the communal areas. However, one person told us that they would prefer alternative seating arrangements during the day so they could be more independent. The registered manager told us she would ensure that the person's care plan was reviewed with them so they agreed how their individual needs and preferences were met.

People maintained relationships with family, friends and others important to them. A visitor told us that they had attended and participated in some meetings where a person's needs were reviewed. Another visitor told us that their relative seemed happier than they had been in their previous care home. A relative of a person said "I find the care very good. Staff do an excellent job and are very kind."

We found that people's needs were reviewed monthly. A visitor told us that when their relative living in the home had reported that they had pain staff were "pretty good and acted on it straight away." A person said, "I think they [staff] listen" and "I have choice." The person provided us with an example of the cook having listened to them and then ensured that they received a specific food that they particularly enjoyed.

Throughout the inspection we observed that staff respected people's privacy and dignity. Records showed that staff had signed to confirm that they had read the privacy and confidentiality policy. We saw that staff closed bedroom and bathroom doors when assisting people with their personal care. People told us that their privacy was respected. One person who used the service told us that they had no key to lock their room or any drawer that they could lock. The registered manager informed us that lockable safety boxes are provided to people when they require one and would make sure that this person and other people who used the service were aware of that.

Requires Improvement

Is the service responsive?

Our findings

Some people were not protected against the risks of unsafe or inappropriate care and treatment by means of the maintenance of accurate monitoring records in relation to the care provided to some people. Although records showed that people at risk of developing pressure ulcers were repositioned regularly, a person's skin integrity care plan had not been updated since 9 July 2014 even though other records showed that the person had on the 2 August 2014 a pressure ulcer. The care plan also did not contain details about how to care for and treat the person in response to that.

We found some peoples' nutrition was not adequately monitored to ensure their health and welfare. Although we found that food eaten by people had been recorded some of these records were not always dated so it was unclear if they were up to date. We noted that some people's fluid and food recording charts were not fully completed or totalled up, so it was difficult to judge if on some days people had received enough to drink. For example, at 10.50 am on the day of the inspection we found there was no record of the drinks or food that a person had received that morning. The fluid charts we looked at did not include information about the amount each person should aim to drink each day or how frequently staff should offer people a drink. There was also no record on the fluid charts of the time people had a drink. The above showed that the provider did not adequately monitor people hydration to ensure people were protected against the risks of unsafe or inappropriate care.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We found the registered person did not have an effective system in place for identifying, receiving, handling and responding appropriately to complaints and comments. Although the home had a complaints policy we found that people's views about the handling of complaints varied. A visitor was aware of the comments box located in the reception area and told us they were "not afraid to complain as the manager listens." However, a person who used the service told us that they had made a verbal complaint but we found no record of the complaint. Another person commented that "the manager does not want to hear about complaints."

Care plan records showed a person who used the service had spoken twice on separate occasions to staff about a complaint. The registered manager told us this issue had been resolved, but we found no record of the action that had been taken in response to the person's concern. This person's care plan records also included another complaint about an issue to do with the service but we found no record of the action if any that had been taken by staff. A visitor told us about a complaint that they said had been responded to appropriately. However, as we were told by the registered manager that there were no complaints recorded, only 'concerns' documented in people's care plans we could not find details of the complaint or evidence that it had been responded to appropriately. It was not evident from records and talking to some people that complaints were taken seriously as part of driving improvement, explored thoroughly, responded to in good time and resolved to the satisfaction of the complainant.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

There was an activities worker working in the home five days a week. We found there was a reliance on the person to organise and run activities. People's feedback about whether there was enough to do varied. A visitor spoke positively about the activities worker. A person told us they enjoyed the regular music sessions which were carried out by an entertainer from the community. A visitor described a recent garden tea event as "lovely." Another visitor said that "more mental stimulation was needed, individual mental stimulation. Attention to individuals." Another person told us that when they visited the home they did "not see a lot of activities carried out. Some people told us that they felt that there was not enough to do. Comments from people included "I sit around," and some people "do nothing, all day long."

We found that people who used the service had the opportunity to participate in some planned activities from Monday to Friday that were organised by an activities worker who told us that he spent time asking people about what they liked to do. These activities included games, singing, music, arts and crafts, comedy television, films and chatting. We saw that several people participated in music, singing and quiz activities and some staff spent some one-to-one time talking with people. A visitor spoke highly about the activities worker. We found there was less opportunity for people to engage in meaningful activities

Requires Improvement

Is the service responsive?

during evenings and weekends. For example activities scheduled for Saturday and Sunday consisted of watching television, reading, chats and listening to the radio. The registered manager informed us that the most people enjoyed visits from family members and others during the weekend.

A person told us that they had visited the home prior to moving in and had been asked questions about their care. We saw in each person's bedroom there was displayed a 'Me at a Glance' chart. These charts were in picture and written format and included a short description of each person's needs and preferences so staff including agency staff were able to access information about people easily and so provide people with the care that they needed. Care plan records showed that some people and those important to them had engaged in the development of their care plans and had signed them. A visitor told us that they had been asked to look at their relative's care plan and sign it.

We saw that people had recently provided feedback about the service in general and specifically about the catering. We found that feedback from people had been responded to. For example, the cook showed us examples of people's dietary preferences having been included in the recently reviewed menu.

Records showed that residents' meetings took place regularly. Minutes of three residents' meetings showed that at each meeting people had been asked for their views of the service and had said that they were happy with the service that they received.

Staff supported people to meet their spiritual needs. A person who used the service told us that birthdays and religious festivals were celebrated in the home.

Requires Improvement

Is the service well-led?

Our findings

The registered manager completed regular checks of aspects of the service. For example, these included monthly checks of accidents that included records of action taken to minimise the risk of them happening again. We saw an example of a person having been referred to a 'falls' clinic for assessment following a fall. Other regular checks carried out included fire safety checks, call bell and water temperature checks. People had individual personal emergency evacuation plans so people could leave the building safely in the event of a fire. However, as documented within this report we found deficiencies in the management of medicines, complaints and monitoring of some people's care which had not been identified by the provider from their quality assurance systems.

Three relatives of people who used the service told us that found the manager to be "approachable," "very helpful and friendly" and "nice." Another visitor said that they had "a good relationship with the manager." A person's relative provided us with an example of how the manager had been particularly supportive to their relative living in the home.

People's views of the service varied. A visitor said that they had visited the home and liked it "straight away," and the "staff were lovely." Other comments from visitors included "the care was as good as can be expected," "They hold meetings for relatives every three months," "communication is excellent," "In general it is ok [their relative] is much better than they were and was exceptionally happy." A person however, said "I just feel it's not as good as it was."

The registered manager had a good working relationship with external social care and health professionals. Healthcare and social care professionals told us that they found staff to be pleasant, helpful, that they listened to them and took appropriate action in response to any advice they had given. They said staff 'deal with things well, "and they found "staff and management very easy to deal with, well organised and co-operative." A social worker said that they found staff to be friendly and they were confident that they would respond appropriately to changes in people's needs to ensure that they were met.

Staff told us they found the manager approachable and said they had the opportunity to attend staff meetings were they felt able raise issues including concerns about the service with the staff team. Minutes of staff meetings showed they took place regularly, were attended by several staff who discussed the service and received guidance from the registered manager about making improvements. Areas spoken about during staff meetings included; infection control, medicines, care plans, reporting falls, and the identification and laundering of people's clothes. A care worker told us that they had no concerns and commented, "It's a nice place, and we work well as a team."

We spoke with the two directors of Precious Healthcare Limited and asked them to tell us about any improvements that had been made or were planned for the home. They told us that there were plans for significant redecoration of the home and to recruit the permanent staff they needed to minimise the reliance upon agency nurses. The registered manager told us that a permanent clinical lead nurse was commencing employment in the home in August 2014 which would improve the consistency and continuity of care for people.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines The registered person did not have suitable arrangements in place to protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the handling, safe administration and recording of some medicines used for the purposes of the regulated activity. Regulation 13 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services People who used the service were not protected against the risks of receiving care and treatment that is inappropriate or unsafe by means of the planning and delivery of care and where appropriate, treatment in such a way as to meet people's individual needs and ensure their welfare and safety. Regulation 1 (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints The registered person did not have an effective system in place for identifying, receiving, handling and responding

This section is primarily information for the provider

Action we have told the provider to take

appropriately to complaints and comments made by service users, or person's acting on their behalf for the purposes of assessing, and preventing or reducing the impact of, unsafe or inappropriate care or treatment.

Regulation 19 (1)