

Valorum Care Limited

# Oakhaven Care Home

## Inspection report

213 Oakwood Lane  
Leeds  
LS8 2PE

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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?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Oakhaven Care Home is a residential care home, providing personal care to 19 people aged 65 and over at the time of the inspection, some of whom may be living with dementia. The service can support up to 24 people.

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

People were placed at unnecessary risk of harm from building work taking place within the home. The provider did not always follow good infection control practices.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Management systems failed to identify where standards were not met and opportunities for learning were missed.

People received their medicines as prescribed and were supported to move around the home safely.

Staff were appropriately trained and delivered person-centred care, based on a thorough assessment of people's needs and preferences.

People received enough to eat and drink and were supported to access healthcare services.

Staff were kind and compassionate and supported people to be as independent as possible.

The registered manager was approachable and open to feedback and they acted on people's concerns. People who used the service were encouraged to give their views.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 17 May 2018 and this was the first inspection.

### Why we inspected

This was a planned inspection based on the date the service registered with us.

### Enforcement

We have identified breaches in relation to the prevention and control of infection, and how the provider

managed risks linked to building work being carried out within the home. We also identified breaches in relation to consent to care and treatment, and systems designed to monitor quality and support learning.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Oakhaven Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Oakhaven Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The first day of the inspection was unannounced. The second day of the inspection was announced.

#### What we did before the inspection

Before the inspection we reviewed information we held about the service. This included notifications from the provider and feedback about the service from the local authority contracts and safeguarding teams. Notifications are information about important events which the service is required to send us by law.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

During the inspection we spoke with four people who used the service and three people's relatives. We spoke with five staff members, including the registered manager, two care assistants, cook and housekeeper.

We observed the lunchtime experience and we looked around the building, including people's bedrooms, bathrooms and communal areas. 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 spent time looking at records, which included four people's care plans, four staff recruitment files and other records relating to the management of the service.

#### Following the inspection

After the inspection we requested further information from the provider. This was provided within the requested timeframe.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Preventing and controlling infection; Learning lessons when things go wrong

- The provider had failed to eliminate hazards and control risks linked to building work being carried out within the home. Rooms containing tools, equipment and hazardous substances were left unlocked and unsupervised. This placed people at unnecessary risk of harm.
- Areas of the home were unclean, and the provider did not always follow good practice for the prevention and control of infection.
- There was no clear workflow in the laundry room to ensure clean and soiled linen were physically separated throughout the process. The laundry room was used by staff to store personal belongings and to access the outside. This meant that clean linen was at risk of contamination.
- Communal bathrooms required repair to fixtures and fittings, however; the provider had identified this and had plans to update these facilities.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed appropriate action had been taken to reduce the risk of harm to people.

- People were supported to move around the home safely. Care plans provided staff with detailed guidance about how to use moving and handling equipment correctly; staff told us they referred to this information in practice.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding concerns were reported to the local authority safeguarding team and CQC.
- Staff received training in the safeguarding of vulnerable adults and all understood their responsibilities to keep people safe and report any concerns.
- People, relatives and staff told us they felt the home was safe. A relative told us, "The staff are excellent. It's a happy home."

Staffing and recruitment

- The provider followed safe recruitment and selection processes in place to protect people from the

employment of unsuitable staff.

- The provider employed the right number of skilled staff to meet the needs of people who used the service. One relative told us, "There is always enough staff."

Using medicines safely

- Medicines were managed safely and stored securely and returned appropriately when no-longer required.
- We checked the quantities and stocks of medicines for five people and found all balances to be correct meaning medicines had been given as signed for by staff.
- Detailed guidance for 'as and when required' medicines was in place to enable staff to safely administer these medicines safely and appropriately.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The MCA was not fully understood or followed. Where people did not have the capacity to make decisions, documentation did not always demonstrate that MCA principles were followed.
- Restrictions were placed on people without proper consideration as to whether people had the capacity to make these decisions. This included the use of assistive technology, which alerted staff to people moving around the home.
- The registered manager told us they did not fully understand the documentation in place and had completed mental capacity assessments for people when this was not required.

This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The manager told us they would attend additional MCA training and review the paperwork in place.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- Care was based on a thorough assessment of people's needs and preferences. Information was sought from the person, their relatives and relevant health care professionals, which helped inform staff about the care and support people required.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

- The registered manager understood the environment was not suitable for people with an advanced diagnosis of dementia and considered this prior to people being offered accommodation at the home.
- At the time of our inspection building working was taking place within the home to improve facilities for people and access to the garden.

Staff support: induction, training, skills and experience

- Staff were well-trained in a range of subjects. A staff member told us, "I'm proud to have achieved so much training."
- Staff were well-supported through regular supervision and annual appraisals; discussion focused on wellbeing as well as further training and development needs.

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

- People had access to enough food and drink throughout the day.
- Special dietary needs were catered for. People at risk of poor nutrition and hydration received the support and monitoring they needed to maintain a healthy diet.

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

- People had access to health care professionals such as GPs and district nurses. They were assisted to attend healthcare and hospital appointments.
- Staff knew people well and recognised when they were unwell. Concerns were reported to healthcare professionals, advice was followed to maintain people's health.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff treated people with kindness and respected their individual choices and preferences. Relatives gave positive feedback about the caring nature of staff. Comments included, "Staff are absolutely lovely" and "I've found them very caring."
- The registered manager told us they embraced equality and diversity amongst people who used the service and care records supported this.

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

- Staff involved people in making decisions about their care.
- People and their relatives contributed to care planning and reviews took place regularly to make any changes that were needed.

Respecting and promoting people's privacy, dignity and independence

- Staff communicated with people in a way they understood and asked for permission before offering help and support.
- People were supported to be as independent as possible. Staff encouraged people to do what they could for themselves and helped when they needed it.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support. Care plans included information about people's life histories, goals, needs and abilities. Staff used this information to provide the right level of support in a way people preferred. A relative told us, "They look at each person's history, and the things they have done in their lives, and tailor care around them."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager identified, and recorded people's communication needs as part of their initial assessment. Reasonable adjustments were made so that people received information in a way they understood.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with family and friends. Visitors to the home were welcome at any time of the day. A relative told us, "From day one, they treated me like family as well as [Name of person]."

Improving care quality in response to complaints or concerns

- People and relatives told us the registered manager was open to receiving feedback and acted on their concerns. A relative told us, "The manager is really good. They do respond."
- Information about how to make a complaint was displayed throughout the home.

End of life care and support

- People's care plans included information about their wishes for receiving end of life care.
- The registered manager liaised closely with other health professionals and relatives in line with the person's individual wishes.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The provider had failed to establish clear and robust governance systems and quality assurance systems had not identified the issues we found on inspection.
- Audits designed to measure the quality of practise within the home, failed to identify and monitor quality and safety in the service. For example, an infection control audit did not assess the cleanliness of the home.
- We did not see evidence of any in-depth analysis of complaints or survey results, such as identifying any themes or trends. There was a lack of evidence the provider had analysed accidents and incidents to consider factors that may have contributed to the incident or consider wider learning. This meant the provider failed to use the information which could contribute to continued learning and improvement in the standards of care for people.

Systems were either not in place or fully embedded to demonstrate safety and quality was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014

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

- Staff spoke passionately about delivering person-centred care and we observed this throughout our inspection.
- People and relatives spoke positively about the registered manager and of the care and service they received. Comments included, "The registered manager is absolutely fantastic" and "Staff and the registered manager make people feel very welcome."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People who used the service were encouraged to give their views. They had recently been invited to choose new furniture for the home.
- The registered manager had good links with local volunteer groups and churches where people regularly attended events.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Regulation 11 HSCA RA Regulations 2014 Need for consent (1)</p> <p>Consent to care had not been assessed or documented in line with relevant legislation. Restrictions were placed on service users without following legislation and related guidance.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment (1) (2) (a) (b) (d) (e) (h)</p> <p>The provider had failed to assess and mitigate risks to the health and safety of service users. Assessing and preventing the spread of infections was not managed effectively</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Good governance (a) (b) (e) (f)</p> <p>Management systems failed to identify where standards were not met and opportunities for learning were missed.</p>

