

Brownlow Enterprises Limited

Oakleigh Park Care Home

Inspection report

55 Oakleigh Park North
London
N20 9NH

Tel: 02080514938

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17 November 2020

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Oakleigh Park Care Home is a 'care home' and provides accommodation and personal care for up to 56 older people.

The accommodation is purpose-adapted with passenger lift access to all three residential floors, each of which have separate adapted facilities. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of this inspection there were 52 people living in the service.

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

Relatives told us that people were safe, staff were kind and that their relatives received good care and support

Recruitment processes and procedures were safe. Essential checks on staff had taken place on staff before they started working for the service

Risks identified with people's health, medical and care needs had been assessed and documented with clear guidance on how to minimise the identified risk to keep people safe.

People received their medicines safely and as prescribed.

Systems and processes were in place to keep people safe and risks associated with people's care needs had been assessed. There were enough staff to meet people's needs.

The home was clean and odour free. There were increased infection control measures in response to the coronavirus outbreak. The provider reacted appropriately to keep people safe.

Staff received the training and support to carry out their role effectively. Care staff told us that they felt that the management team was very supportive especially during the recent months of the pandemic.

Relatives confirmed that they received regular updates and feedback about their family members. A pod system had been installed to allow safe visits from families during the pandemic.

There was a positive culture throughout the service which focused on providing care that was personalised. The management team used a variety of methods to assess and monitor the quality of the service. They were aware of their regulatory responsibilities associated with their role.

Rating at last inspection

This service was registered with us on 4 September 2019 and this is the first inspection.

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

Why we inspected

We carried out a focused inspection of this service on 17 November 2020. This report only covers our findings in relation to the Key Questions Safe, caring, and well led as we were mindful of the impact and added pressures of Covid-19 pandemic on the service.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our safe findings below

Is the service caring?

Good ●

The service was caring

Details are in our caring findings below

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below

Oakleigh Park 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

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. The Experts by Experience contacted people's relatives by phone to request feedback.

Service and service type

Oakleigh Park 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 the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We carried out the inspection visit on 17 November 2020. We gave a short period notice of the inspection as we were mindful of the impact and added pressures of Covid-19 pandemic on the service. This meant we took account of the exceptional circumstances and requirements arising as a result of the COVID-19 pandemic.

What we did

Before our inspection, we reviewed the information we held about the home which included statutory notifications and safeguarding alerts and the Provider Information Return (PIR), which the provider completed before the inspection. The PIR 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.

During our inspection we spoke with the registered manager, and two care assistants. We looked at three care records and three staff files; we looked at various documents relating to the management of the service which included medical records, Infection control and quality assurance records. After the inspection we spoke to 12 relatives by telephone.

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 for this newly registered service. This key question has been rated good.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and unsafe care. Comments from relatives included "He is safe, and he is happy where he is, and I know that because he keeps telling me" and "I'm so pleased he is in there. He is safe, I am certain he is safe, and they are very good with him, he isn't easy."
- Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them.
- The registered manager was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people.

Assessing risk, safety monitoring and management

- Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. The risk assessments covered preventing falls, moving and handling, nutrition, skin integrity and choking.
- Staff knew people well and were aware of people's risks and how to keep them safe.
- Fire systems and equipment were monitored and checked to ensure they were in good working order. A maintenance person was always available to ensure continuous safety.

Staffing and recruitment

- We saw there was enough competent staff on duty. A dependency tool was completed to ensure adequate staffing.
- Recruitment files were well ordered, and all relevant checks and references were obtained prior to staff starting work.
- Newly recruited staff had undergone appropriate background checks prior to starting to work with vulnerable people.
- Staff had the right mix of skills to make sure practice was safe and they could respond to unforeseen events.
- Relatives told us "There does always seem to be plenty of staff all the time." and "Any time my relative calls out for staff they always come quickly."
- Care staff told us that there were no concerns around staffing arrangements and that whenever staff called in sick or were unable to attend their shift, the managers made every effort to cover the shifts.

Using medicines safely

- The service had suitable arrangements for ordering, receiving, storing and disposal of medicines. Storage temperatures were monitored to make sure medicines would be safe and effective.
- Medicines were managed safely, and people received their medication when they should. Medicines were clearly recorded within people's medication administration records. Staff kept and regularly updated a log

of medicines people were prescribed. Protocols for 'when required' medicines were in place to guide staff in supporting people with their medicines.

- Staff were not permitted to administer medicines unless they were trained to do so. This included regular training and competency checks to ensure they had the suitable skills to carry out the task safely. This was confirmed by staff we spoke with.
- We found a recording error for one person who had just moved into the service, and who frequently refused medicines. The registered manager subsequently re-audited all the medicines, found no further errors, and spoke with staff to remind them of the process for recording refusals of medicines.

Preventing and controlling infection

- People were protected by the safe use of infection control procedures and practices. At this inspection we found that the home was managing infection prevention and control well especially during the COVID-19 pandemic.
- An increase in daily cleaning had been implemented around the home during the pandemic to prevent cross-infection.
- Staff demonstrated good infection control practices. Staff were seen to wear personal protective equipment such as masks, gloves and aprons and the service was clean.
- A range of Personal Protective Equipment (PPE), in line with government guidance, was available for care staff to wear when delivering personal care and supporting people
- Staff had received regularly and more frequent training on infection prevention and control and the effective use of PPE.
- Throughout the service there were hand-sanitising dispensers, all of which were useable throughout our visit.
 - Relatives told us "The place seems clean enough, I've seen his room on Facetime and it's ok" and "His first words to me were 'It's lovely and clean here'"

Learning lessons when things go wrong

- Incidents or accidents were recorded and managed effectively. The managers at the service reviewed this information and took appropriate action to reduce the risk of reoccurrence.
- Where appropriate, accidents and incidents were referred to the CQC, together with other authorities, and advice was sought from relevant health care professionals.

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 for this newly registered service. This key question has been rated good

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

- Relatives told us they had friendly relationships with staff and staff were caring in their approach. Comments Included "The staff are very kind and caring. One of them even phoned me to say to take [person's name] gold rings home because they are safer at home. They notice little things, "and "It's so hard isn't it when you don't meet up, but they are always lovely when we phone. They are so helpful, they just phoned and told me the chiropodist is about to come back and they keep me updated all the time."
- Staff spoke with empathy about people and told us they enjoyed spending time with the people they supported and knew what was important to them and how to offer people comfort and reassurance.
- People's care records contained information about people's background, history, what was important to them and their choices and preferences.
- People were supported to establish and maintain relationships with their families and friends. The service had bought a 'pod' to enable relatives and friends to meet safely with the people at the service during the pandemic.

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

- People confirmed they had been involved in making decisions about their care and support. A relative told us "They phoned me to ask about her likes and dislikes, her family history and her personal history. She is very content there."
- Care records clearly reflected the full involvement of the person and how they were supported to make decisions about their care.
- People's religious and cultural needs were recorded and respected.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt the staff respected their privacy, such as knocking on their bedroom doors.
- The service promoted independence. A member of staff told us "it important to let people do as much as they can by themselves, for example brushing their own teeth or washing their face."

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 for this newly registered service. This key question has been rated good.

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

- The registered manager, deputy managers and senior care staff worked together to promote team work, continuous learning and development throughout the entire team.
- Staff spoke positively about their roles and were enthusiastic about ensuring people received good care and support. They told us the registered manager was clear about their role, responsibilities and led the service well.
- Timely statutory notifications to CQC were received following any notifiable events at the service.
- We saw there were systems in place to monitor the safety of the service and the maintenance of the building and equipment. This included audits of people's nutrition, medicines, staff records, care plans, health and safety and accidents and incidents. We were shown examples of quality audits that had taken place at the home recently. This gave an overview of all the checks and audits that were been completed on either a daily, weekly, monthly or quarterly basis

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives told us that communication was good and that they were updated regularly especially during the pandemic. A relative told us "If I ever have any concerns, I know I can phone anytime"
- A new electronic care plan system was in place, this enabled staff to access and update people's care records easily.
- Reviews were undertaken involving people and other important people in their lives. This gave an opportunity to evaluate outcomes for people and set new goals for the year ahead.
- Staff meetings were held regularly and used to share good practice to continually raise standards.
- A relative told us "I have never had any significant concerns and I have always had the freedom to speak to whoever I want to. They are very transparent. x runs a very good team and a lot of care staff have been there (and the previous home) for a very long time. They always phone me to let me know what happens, seizures, ambulances anything at all."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others.

- Staff were happy in their work. They described the management team as caring and approachable.
- A relative told us "She is a great manager and very approachable and her staff like her too."
- The service worked closely with a range of external health and social care professionals.
- Staff were fully aware of their responsibility to provide a quality, person-centred service
- Staff told us of the positive management structure in place and a high staff morale and team spirit.

Comments from staff included "The manager is always approachable" and "The manager is always available to listen to us."

Continuous learning and improving care

- The management team kept themselves updated with new initiatives and guidance by attending regular 'provider forums' in the local authority and Managers' Meetings organised by the regional manager.
- Monthly staff meetings gave staff the opportunity to feedback on the service. Meeting minutes showed topics discussed included COVID related health and safety, training and development, and handover procedures. We saw that staff used this opportunity to share best practice.

Working in partnership with others

- The service worked with social workers, dieticians, tissue viability nurses, GPs and occupational therapists to ensure relevant information is passed on and there was continuity of care

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- Policies were in place that identified the actions staff should take in situations where the duty of candour would apply.
- The registered manager understood their duty of candour, to be open and honest when things went wrong. For example, when incidents had occurred in the home, these were immediately communicated to relatives and reported to professionals appropriately.