

Bel-Air Care Limited

# Oakleigh Care Home

## Inspection report

Oakleigh Road  
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Bradford  
West Yorkshire  
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Tel: 01274880330

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

The inspection was unannounced and took place on 15 November 2016. There were five people living in the home when we visited.

Oakleigh is registered to provide personal care for a maximum of 31 people. It is a converted property and the accommodation is provided in single and shared rooms. The home is within walking distance of all the amenities in the village of Clayton and is close to a bus route

The last inspection was in August 2015. At that time we found the provider was not meeting all the regulations; they were in breach of the regulation dealing with the safe recruitment of staff. Following that inspection we also made a number of recommendations about ways in which the provider could improve the service.

During this inspection we found improvements had not been made and the provider had not taken on board our recommendations. We found they were still in breach of the regulation dealing with safe staff recruitment and were also in breach of a further three regulations.

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 who used the service told us they felt safe and staff knew how to recognise and report abuse. However, people were not always protected from the risk of being cared for by staff unsuitable to work in a care environment because the necessary checks were not always done before they started work.

People spoke very highly of the staff and there were enough staff to provide people with the care and support they needed.

People's medicines were for the most part managed safely. However, there was no guidance for staff on the use of medicines prescribed to be taken 'as required'. This created the risk of an inconsistent approach to the use of these medicines.

Although risks associated with people's individual care needs, such as pressure sores and falls, were managed we found shortfalls in how other areas of risk were managed. For example, we found fire drills always took place on Tuesday mornings and this meant some staff, including the night staff, had not taken part in a fire drill. We also found the weekly checks on the fire alarm, emergency lights and fire extinguishers were not being done consistently.

We found the home was clean and people who lived there told us their rooms were kept clean.

Staff told us they felt well supported. However, we found the induction training for new staff was not based on current best practice. In addition, we found the provider did not have an effective system in place to make sure staff received the training they needed to carry out their duties. For example, we found three of the four night staff had not received any moving and handling training.

We heard staff asking people for consent before supporting them but we found staff did not fully understand their responsibilities in relation to the Mental Capacity Act 2005. This meant there was a risk people's rights were not always promoted and protected.

People told us they enjoyed the food and we saw people were offered a choice of food and drinks which took account of their likes and dislikes. We saw when people were at risk of poor nutrition action was taken to improve their dietary intake; however, this was not always reflected in their care records.

We saw people were supported to maintain their health and had access to the full range of NHS services.

People told us staff treated them with dignity and respect and we observed this during our visit. We saw staff supported people to maintain their independence and do what they could for themselves. People told us they were supported to keep in touch with family and friends and said visitors were always welcomed and offered refreshment.

Staff knew people well and the care people received was tailored to their individual needs. However, this was not always reflected in the care records which we found were not always up to date.

People were supported to take part in a variety of in house activities which took account of their individual interests. Some people said they would like to go out more.

There was a complaints procedure in place and we saw action was taken in response to complaints or concerns.

People who used the service had the opportunity to share their views by means of meetings and surveys.

The provider had systems in place to monitor, assess and improve the quality of the services. These included an external consultant and a schedule of audits. However, we found these systems were not operated effectively.

We found the provider was in breach of four regulations. One of these Regulation 19 (Fit and proper persons employed) was a continued breach since the last inspection. The other breaches were in relation to Regulation 18 (Staffing), Regulation 9 (Person centred care) and Regulation 17 (Good governance).

The Care Quality Commission is considering the appropriate regulatory response to resolve the problems we found. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

There were enough staff to meet people's needs. However, the required checks were not always completed before new staff started work.

Staff knew how to recognise and report abuse and this helped to keep people safe.

The home was clean. Risks to the health safety, and welfare of people who used the service, staff and others were not always managed effectively.

Overall people's medicines were managed safely but there was a risk of inconsistency in the use of 'as required' medicines due to a lack of guidance.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

Staff did not always receive the training they needed to carry out their duties.

People's rights were not always promoted and protected because staff did not have a clear understanding of their responsibilities under the Mental Capacity Act 2005.

People's dietary preferences were catered for and their nutritional needs were met. However, this was not always reflected in their care records.

People were supported to access the full range of NHS services to ensure their healthcare needs were met.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People were treated with dignity and respect.

**Good** ●

Staff knew about people's needs and people were supported to maintain their independence.

Visitors were welcomed and offered refreshments.

### **Is the service responsive?**

The service was not consistently responsive.

People were receiving the right care and support to meet their needs. However, this was not always reflected in their care records.

People were supported to follow their interests and take part in activities within the home. Some people told us they would like to be able to go out more.

There was a complaints procedure in place to make sure complaints or concerns were dealt with in an appropriate way.

**Requires Improvement** ●

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

The service was not well led.

The provider did not have effective systems in place to monitor, assess and improve the quality of the services provided.

The provider did not have effective systems in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

**Inadequate** ●

# Oakleigh Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection took place on 15 November 2016 and was unannounced.

The inspection was carried out by two inspectors. There were five people living in the home when we inspected. We spoke with two people who used the service, three care workers, the registered manager and a company director. We looked at three people's care records which included medication records. We looked at two staff files and other records relating to the day to day running of the home such as training records, maintenance records, meeting notes, survey results and audits. We observed people being cared for and supported in the communal rooms and looked around the ground floor which was the only part of the home in use at the time of our inspection.

Before the inspection we looked at the information we have about the service including notifications sent to us by the registered manager. We contacted the local commissioning and safeguarding teams to ask for their views on the service.

We asked the provider to complete a Provider Information Return (PIR). This was completed and returned in good time. This is a form which gives the provider the opportunity to tell us about their service and any improvements they plan to make. We took this into account when forming our judgements.

# Is the service safe?

## Our findings

We looked at a selection of maintenance records and found checks on gas, electricity and water systems were up to date.

However, we found the weekly fire safety checks of the fire alarms, emergency lights and fire extinguishers had not been done since 25 October 2016. In addition, the records showed the checks had only been carried out once in September 2016.

The registered manager told us fire drills were carried out every six months. The last fire drill was done on 19 April 2016 and was therefore overdue at the time of our inspection. The registered manager said they thought the drill would have been done in October but agreed there was no record of this having taken place.

In addition, when we checked the records we found the fire drills were always done at around 11am on Tuesdays. This meant none of the night staff and two of the day staff had never taken part in a fire drill. We asked the registered manager about this and they told us the fire drills were done by the maintenance man who always visited the home on Tuesday mornings.

We asked the registered manager how they dealt with safety alerts issued by MHRA (Medicines and Healthcare Products Regulatory Agency). MHRA alerts notify providers of health and care services about safety concerns in relation to medicines and medical equipment and devices so that they can take action to reduce the risks to people who use the service. The registered manager told us they did not receive MHRA alerts.

This showed the provider did not have suitable arrangements in place to identify, assess and mitigate risks to the health and safety of people who used the service, staff and others. This was a breach of Regulation 17(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care records, for people who used the service, contained information about identified areas of risk. Risk assessments were in place which covered areas such as moving and handling and tissue viability. We saw where risks had been identified action had been taken to mitigate those risks. For example, one person had been assessed as being at risk of skin damage. We saw they had a specialist mattress in place and were sitting on a specialist cushion in their armchair.

We looked at the files of two newly recruited staff. In one of the files we found all the required checks had been completed before the person started work. This included getting two written references and a satisfactory DBS (Disclosure and Barring Service) check. DBS checks are done to confirm prospective employees do not have any criminal convictions which would make them unsuitable to work with vulnerable people.

In the second file we found the DBS check had been carried out by a previous employer in May 2016 two

months before the person started work at Oakleigh. We asked the registered manager if they had carried out their own DBS check. They said they had contacted the CQC customer services department and been told they could accept a DBS from a previous employer if it was less than a month old, which it was at the time of the phone call. Following the inspection we checked our records and found the advice given was that it was up to the provider to decide whether or not to accept the DBS. We asked the registered manager what their recruitment policy said about DBS checks. They told us they were unsure. When we looked at the recruitment policy we found it was dated 2012.

At the last inspection in August 2015 we found the provider was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Our findings during this inspection showed the provider had not taken suitable action to make sure consistent and thorough checks were completed before new staff started work and therefore they remained in breach of this regulation.

We asked people who used the service if they thought there were enough staff on duty to support them. One person told us, "There are two staff on all of the time and sometimes three during the day."

The registered manager told us there were two care staff on duty during the day and at night. This was confirmed by the duty rotas. The duty rotas showed the registered manager was included in the care staff numbers and was not allocated any additional time to carry out their management responsibilities. In addition to providing care and support to people the care staff were responsible for cooking, cleaning and laundry duties. Staff told us there were enough staff because there were only five people living in the home at the time of our inspection.

People who used the service told us they felt safe at Oakleigh. One person said, "Yes, safe as houses." Another person commented, "Yes, I feel safe all of the doors are locked."

We saw there were safeguarding policies and procedures in place and these were also on display. We spoke with two members of staff about their understanding of safeguarding and what they would do if they thought people who lived at the home were at risk. Both of them told us they would not hesitate to report any concerns to the manager, the Care Quality Commission or the local Adult Protection Unit. We saw the registered manager had made appropriate referrals to the safeguarding team when this had been needed. This showed staff understood how to keep people safe.

We asked people if they liked their accommodation. One person told us, "I have a nice bedroom in the old part [of the building] it's nice and clean and they change the bed covers regularly." Another person said, "My room is kept clean and tidy and if I spill anything on the bedcovers they [staff] change them straight away."

The provider told us the home had been inspected by the local authority infection control team in June 2016 and achieved a compliance score of 95.25%. The kitchens which were inspected separately had a rating of 5 stars (the highest) for standards of food safety and hygiene. On the day of our inspection the home was clean. We asked the registered manager about the arrangements for deep cleaning and they told us most of the cleaning was done by the night staff.

We found the lighting levels in the lounge and dining room were dull with little or no light being emitted from the light bulbs. People with deteriorating eye sight need good lighting levels, poorly illuminated areas could increase the risk of people falling.

At the time of our inspection the ground floor was the only part of the home in use. The registered manager confirmed the passenger lift and stair lift were not in use.

We asked people who used the service how their medicines were managed. One person told us, "They [staff] look after my tablets and give me them at the right times." A second person said, "Staff look after them and I can get painkillers if I need them."

We found medicines were stored securely. The temperature of the medicines fridge was monitored to make sure medicines were stored at the recommended temperatures.

All care workers who administered medicines had received training and competency checks had been made to make sure they followed the correct procedures.

We saw the care worker who was responsible for administering medicines checked the medicines to be given against the medication administration record. (MAR). This ensured the correct medicines were being given at the right time. Once the persons' medicines had been prepared they were taken to the individual. Once the medicines had been taken, the care worker then signed the MAR to confirm the medicines had been given. We saw MARs had been consistently signed and there were no gaps in the records.

We saw there was a system in place to keep a check on how much medication was being held at any given time. We checked the stocks of two medicines and found them all to be correct.

We saw some people had been prescribed 'as required' medicines; however, there were no protocols were in place to provide guidance for staff about the circumstances in which these medicines should be administered. This had been identified in an audit carried out by an external consultant on 8 September 2016 but had not been addressed. An in house medicines audit in October 2016 had not picked up on the absence of protocols or the fact that the actions from the previous audit had not been addressed.

## Is the service effective?

### Our findings

We asked people if they thought staff had received enough training to do their jobs. One person told us, "I think they have, I've been in a few homes and this is the best one."

We spoke with two care workers who told us they received supervision and appraisals and felt supported by the registered manager.

The provider told us none of the staff had completed the Skills for Care Common Induction Standards (2010) or the Care Certificate which was launched in March 2015. The staff we looked at showed the induction training being provided to staff was based on the TOPSS (National Training Organisation for Social Care) standards of 2003. The registered manager told us staff received all their induction training in house. This meant the induction training being provided to staff was not up to date or based on current best practice.

The registered manager showed us the training matrix and explained the dates recorded were the dates training had been attended. They told us the policy was to update training ever three years. The topics listed on the training matrix included manual and handling, safeguarding, infection control, fire safety, first aid, challenging behaviour dementia awareness, palliative care and nutrition.

The training matrix showed staff were not receiving regular training. For example, the matrix showed three of the four night staff had not completed moving and handling training. In the case of one of the night staff who had been employed since November 2011 the matrix showed they had only received training on three subjects in that time, challenging behaviour and nutrition in 2015 and medication training in October 2016.

In the case of one member of day staff we found the dates on the training matrix were dates before they started work at the home. For example they started work in October 2015 but were recorded as having attended training in March and June 2015, November 2014 and April 2010.

This showed the provider did not have suitable arrangements in place to make sure staff received appropriate training to carry out their duties. This was a breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 are called the Deprivation of Liberty Safeguards (DoLS).

None of the people living in the home had a DoLS authorisation in place.

The provider told us their staff had the knowledge and skills to support people who lacked capacity to make specific decisions about their care and treatment. They told us staff supported people in line with the Mental Capacity Act and acted in their best interests. During the inspection we found that although staff had received training, they did not fully understand the principles of this legislation.

We asked people who used the service about the meals at Oakleigh. One person told us, "The food is satisfactory." Another person said, "The food is good if you don't like what's on offer they will make you something else. Sometimes we get fish from the fish shop. I get enough to eat and they [staff] always make sure I have a drink."

At mealtimes we saw two people used the dining room and the other three people who used the service had their meals served to them in bed. In between meals we saw people were offered drinks and snacks.

The senior care worker prepared the lunchtime meal of liver, onions, gravy, mashed potato, cauliflower and peas. One person did not want this and asked for chicken and rice which they received. We saw the two people in the dining room enjoyed their meal.

We spoke to the senior care worker who had a good understanding of people's dietary needs and preferences. For example, they told us how meals were fortified for people who were at risk of losing weight.

We saw staff monitored people's weights closely and responded to any weight loss. For example, one person had lost weight when they had been in hospital and had gained 3kg since returning to the home. We saw staff were monitoring their food and fluid intake and making sure they had their prescribed supplements. However, we found although they had taken the right action the care plan was not up to date and there was no nutritional assessment.

We asked people who used the service about their healthcare. One person told us, "They [staff] get the doctor if you need them, they can get dentists and opticians too. I think I am due to see the chiropodist soon." A second person said, "The nurse comes every Monday to check I haven't got any bed sores."

In the three care records we looked at we saw people had been seen by a range of health care professionals, including GPs, community matrons, district nurses, dieticians, opticians and podiatrists. We also saw when one person had experienced breathing difficulties, staff had called the emergency service and they had been admitted to hospital for treatment. We concluded people's health care needs were being met

## Is the service caring?

### Our findings

We asked people using the service if they liked the staff. One person told us, "They [staff] are exemplary. They are all very helpful and very kind. It's as good as being on your holidays, everything is done for you." Another person said, "The staff are lovely and never moan. No matter what you ask for they will do it." A third person took us to the board where pictures of all of the staff were displayed with their names and job title. They told us, "I know all of them and [pointing at one photograph] this one looks after us very well."

We asked people if staff treated them with dignity and respect. One person told us, "They always knock on the bedroom door and when they give me a wash they keep me covered up."

People were clean, well-groomed and comfortably dressed which showed staff took time to assist people with their personal care needs.

We saw people's bedrooms were neat and tidy and personal effects such as photographs and ornaments were on display and had been looked after. Beds had been made with clean bed linen. This showed staff respected people and their belongings.

Care plans contained information about what people could do for themselves and what assistance they needed from staff for them to maintain their independence. For example, one person needed their food cutting up and then could eat their meal without assistance. We saw them eating their lunchtime meal without any assistance from staff.

We saw the care plans for people who used the service contained 'Life history' information and details of their interests and hobbies. People looked relaxed and comfortable around staff. There was a calm and friendly atmosphere and we saw staff had time to sit and chat with people. We observed care and support and saw staff treated people with kindness, dignity and respect. It was clear staff had developed good relationships with people and knew them well.

We asked people using the service if their visitors were made to feel welcome. One person told us, "Yes they are and are always offered tea and biscuits." A second person said, "Yes, and they are always offered a drink." This showed people were supported to maintain contact with their family and friends.

The provider told us they had not done any specific work in the last 12 months to meet the needs of people with protected characteristics. The protected characteristics set out in the Equalities Act are religion or belief, age, disability, gender, gender reassignment, marital status, pregnancy and maternity status and race.

## Is the service responsive?

### Our findings

During the inspection we saw one person was being cared for in bed all of the time. We asked the registered manager about this and they told us doctors at the hospital had told them to do this. We asked to see the records of this instruction but none could be produced. They also told us the GP and district nurse had advised this as the person would slide out of a chair. However, in the person's care records we saw they had been assessed by a physiotherapist who had advised they could get out of bed. The person needed a hoist to help them get out of bed and there was no hoist available. The person told us they were waiting to move to another home because they were not able to get out of bed at Oakleigh and they wanted to be able to walk so that they could return to their own home.

This demonstrated the service was not able to meet the person's assessed needs and was a breach of Regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people about the care and support they received. One person told us, "I can get up and go to bed when I want. You can have a bath or shower whenever you want. I have one once a week." Another person said, "They [staff] always come when I press my buzzer."

When we spoke with staff they knew what support each person required.

We looked at three people's care files and found care plans were in place which had been individually reviewed every month. The changes in people's needs had then been reflected in a two page monthly summary, which gave a good overview of people's current care needs. We found the actual 'care plans' were not being up dated as people's needs had changed and some were very out of date. For example, one person's care plan had been written in June 2015 and their needs had changed significantly since that time.

We asked one person if they knew about their care plan and they did not know what we were talking about. We spoke with the registered manager about this as the monthly reviews would provide an ideal opportunity to ask people if they were happy with the care and support they were receiving.

We asked people who used the service what activities were on offer to keep them occupied. One person told us, "There are games, jigsaws and radio if you want, but I'm not interested. I would like to go out more. We went to 'The Raggalds [a pub] once and it was nice, I would like to go there again."

We saw there was an activities programme on display; however, as there were only five people using the service staff spent time with people doing whatever they wanted. For example, we saw one member of staff helping one person with a jig-saw puzzle and another spending time in someone's bedroom chatting and painting their nails.

The care plans contained information about people's interests and how they liked to spend their time. For example, one person liked to watch old war films and we saw staff find a suitable film for them during the morning.

There was a complaints procedure in place. The registered manager told us there had been two complaints in 2016. The records showed both had been investigated and feedback had been given the people who had raised the concerns. The registered manager explained the actions they had taken in response to one of the complaints to reduce the risk of recurrence.

The home also kept a record of compliments and had received five in 2016.

## Is the service well-led?

### Our findings

Before the inspection the provider told us they had engaged the services of a consultant to help provide support and information about changes in regulations. They said the consultant would undertake monthly audits to ensure that the service was meeting people's needs and remained compliant with legislation. In addition, they told us the home had an 'excellent quality assurance system to monitor the service and to make improvements when required'.

However, during our inspection we found the quality assurance and monitoring systems were not effective.

For example, with regard to the management of medicines we saw the consultant had identified the need for protocols to be put in place for medicines prescribed to be taken 'as required' (PRN) during a visit in September 2016. This had not been done when we carried out our inspection.

In another example we found that in June 2016 the consultant had identified staff did not understand the principles of the Mental Capacity Act 2006 but noted they were due to receive training. The registered manager confirmed this training had not taken place. Our discussions with staff showed they did not understand their responsibilities under the Mental Capacity Act 2005.

Similarly following an audit in May 2016 the consultant had reported that the policies and procedures needed to be up to date and reflective of practices in the home. This had also been a recommendation made by the Commission following the last inspection in August 2015. During this inspection we found the policies and procedures were not up to date. For example, the recruitment policy was dated 2012. This was of particular concern because the provider was found to be in breach of the regulation relating to the safe recruitment of staff at the last inspection in August 2015 and again during this inspection.

In addition we found the induction training being provided to staff was not up to date with current practice. We also found a recommendation by the consultant that 'mandatory' training should be updated every year had not been acted on.

We found that although the registered manager carried out a number of monthly audits these had not been effective in identifying shortfalls in the service. For example, the medication audit carried out in October 2016 had not picked up the continued absence of PRN protocols. In another example, we found the health and safety audits had not identified the gaps in the weekly fire safety checks or the issues with the fire drills which we have detailed in the 'safe' section of this report. In a similar vein we found the emergency file had not been updated since January 2014.

We found the staff files audits had not identified the shortfalls in relation to staff training as detailed earlier in this report. We also found the care file audits were not effective. For example, in the case of one person who was nutritionally at risk we found that although the right action was being taken the person's care plan was not up to date and a nutritional risk assessment had not been done. The audit had not identified this.

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

We saw accidents and incidents were recorded and action was taken to address individual concerns. For example, following a fall earlier in the year one person had been provided with a special bed and bed rails and they had not experienced any further falls.

We asked people who used the service about the management of the service. One person told us, "[Name] is the manager and I would be able to talk to them if I had any concerns and they would listen." A second person told us, "I'm not keen on the manager, they make out they are better than they are and they can't cook."

We asked the staff about the leadership of the service. One care worker told us, "[name of registered manager] is wonderful they listen to us and it is lovely working here." Another care worker said, "[Name] is a good manager, they are approachable and if there are any problems they try to solve them."

The registered manager told us there were meetings for people who used the service so that they could have a say in how the home was run. This was confirmed by people we spoke with. One person who used the service told us, "I have been to one or two residents meetings and we talked about what we can do to increase the range of eating arrangements."

We saw surveys had been sent to people who used the service in April 2016. Overall the feedback was positive. One person had commented on the lighting in the lounge saying they felt it could be a bit brighter. During our inspection we found the lighting levels in the home were low as mentioned earlier in this report.

We found the provider had displayed the rating from the last inspection as required by law.