Precious Healthcare Ltd

Oakleigh House Nursing Home

Inspection report

Oakleigh Road
Hatch End
Harrow
Middlesex
HA5 4HB
Tel: 020 8421 5688

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Ratings

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

Overall summary

We carried out this unannounced comprehensive inspection of this service on 3 September 2015.

At our previous inspection on 5 August 2014 we found three breaches of legal requirements. Medicines were not being managed safely; appropriate records for the monitoring of nutrition and hydration were not being maintained and complaints were not recorded and dealt with appropriately.

We completed a focused inspection on 25 June 2015 to check these matters and we found that there had been

Summary of findings

some improvement. At this inspection we carried out a comprehensive inspection to assess if the provider had maintained compliance with all legal requirements and review the overall rating of the service.

Oakleigh House Nursing Home is a nursing home for up to 20 people some of whom have dementia, some who require nursing care and some of whom who require personal care support. There was one vacancy on the day of our inspection. The home is located in a residential area of Hatch End in the London Borough of Harrow.

The home has 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 and associated Regulations about how the service is run.

People told us they felt safe at the home and safe with the staff that supported them. They told us that staff were attentive, kind and respectful. They said they were mostly satisfied with the numbers of staff.

The registered manager and staff at the home had identified and highlighted potential risks to people's safety and had thought about and recorded how these risks could be reduced.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and told us they would presume a person could make their own decisions about their care and treatment in the first instance. Staff told us it was not right to make choices for people when they could make choices for themselves.

People told us they were happy with the food provided and staff were aware of any special diets people required either as a result of a clinical need or a cultural preference.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

Staff were able to demonstrate that they had the knowledge and skills necessary to support people properly. People told us that the service was responsive to their needs and preferences. However people also told us that there was a lack of stimulating person centred activities provided.

People had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians and any changes to people's needs were responded to appropriately and quickly.

People told us staff listened to them and respected their choices and decisions.

People using the service and staff were positive about the registered manager. They confirmed that they were asked about the quality of the service and had made comments about this.

We found one breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the 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?

Good

The service was safe. People told us they felt safe at the home and safe with the staff that supported them.

There were enough staff on each shift to support people safely.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

Is the service effective?

Good

The service was effective. People were positive about the staff and staff had the knowledge and skills necessary to support them properly.

Staff understood the principles of the MCA and told us they would always presume a person could make their own decisions about their care and treatment.

People told us they enjoyed the food and staff knew about any special diets people required either as a result of a clinical need or a cultural preference.

People had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

Is the service caring?

Good

The service was caring. We observed staff treating people with respect and as individuals with different needs. Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff demonstrated a good understanding of people's likes, dislikes and cultural needs and preferences.

Staff gave us examples of how they maintained and respected people's privacy.

Is the service responsive?

Requires improvement

The service was not always responsive. The home did not offer a range of stimulating activities which met people's needs and preferences.

Everyone at the home was able to make decisions and choices about their care and these decisions were recorded, respected and acted on.

Care plans included an up to date account of all aspects of people's care needs, including personal and medical history, likes and dislikes, recent care and treatment and the involvement of family members.

People told us they were happy to raise any concerns they had with the staff and management of the home.

Summary of findings

Is the service well-led?

Good

The service was well-led. People we spoke with confirmed that they were asked about the quality of the service and had made comments about this.

The service had a number of quality monitoring systems including surveys for people using the service and their relatives.

Staff were positive about the management and told us they appreciated the clear guidance and support they received.

Oakleigh House Nursing 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.

This inspection took place on 3rd September 2015 and was unannounced.

The inspection team consisted of two inspectors, one expert by experience and one professional advisor. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed information we have about the provider, including notifications of any safeguarding and incidents affecting the safety and wellbeing of people.

We spoke with 11 of the 19 people currently residing at the home and three relatives. We spoke with seven care workers, one agency nurse and the administrator. The registered manager was not on duty during the inspection. We provided feedback of this inspection to the registered manager over the phone.

We observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being. 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 looked at six people's care plans and other documents relating to people's care including risk assessments and medicines records. We looked at other records held at the home including staff files, meeting minutes as well as health and safety documents and quality audits and surveys.

Good

Is the service safe?

Our findings

People who used the service told us "It's very nice here", "I'm happy here. On the whole they're pretty good. They're here for my needs, to get me up and put me to bed. It's pretty good. Sometimes I have to wait, but nothing's perfect" and "There is enough staff". However one person said "They respond, but not always as quickly as you would like".

The staff we spoke to had no concerns about the home and felt the residents at the home were safe. Staff told us they enjoyed working at the home and enjoyed spending time with the residents. One care worker told us "everybody is safe" and "we do our work properly".

Staff had undertaken safeguarding adults training and up to date training certificates were seen in staff files. When we spoke with staff, some care workers were not able to explain what safeguarding was and were not always aware they could report any concerns to outside organisations such as the Care Quality Commission (CQC). We discussed this with the registered manager who was surprised to hear this, but told us that safeguarding adults will be part of the next team meeting and individual supervision sessions with care workers. We found that previous safeguarding alerts had been dealt with appropriately and relevant authorities had been informed. We looked at the provider's safeguarding procedure, which provided clear and detailed information on types and signs of abuse and how to report allegations of abuse.

Appropriate risk management plans to prevent and minimise risks to people who used the service were in place and reflected the current risks/needs of people who used the service. There were appropriate quality assurance and compliance systems in place to ensure that the services provided met the required and stipulated standards. Risk assessments included manual handling assessments, falls assessments, mobility assessments and nutritional assessments.

There was an adequate system in place to manage accidents and incidents and good practice to first to prevent and then to reduce re-occurrence. We noted that accidents and incidents were recorded in appropriate books and root - cause analysis was employed. Root-cause analysis is a method of problem solving used for identifying the root causes of faults or problems. This ensured that reasons were identified and robust action plans were put in place to prevent and minimise future occurrences.

We saw that risk assessments and checks regarding the safety and security of the premises were up to date and had been reviewed. This included a fire safety policy, fire risk assessments and weekly fire tests for the home. The provider had made plans for foreseeable emergencies including fire evacuation plans and a personal evacuation plan for each person at the home. For example if the person can or cannot walk and how to evacuate them in the event of a fire. Care workers were able to tell us about the fire evacuation plan.

We reviewed the accident policy and accident record book. One accident was recorded in 2015, which was recorded in detail and appropriate checks were made to ensure the person was well and safe. Staff were able to tell us what to do in the event of an incident or accident such as calling 999 depending on the severity of the incident, reporting the incident to the manager or nurse on duty, assisting and checking the person and recording the incident on the accident book.

We looked at the providers' recruitment policy and found the policy was reflected in practice as the recruitment files contained the necessary documentation including references, proof of identity, criminal record checks, annual health assessment and information about the experience and skills of the individual. The office manager made sure that no staff members were offered a post without first providing the required information to protect people from unsuitable staff being employed at the home. This corresponded with the start date recorded on the staff files.

People who used the service told "Staffing numbers are usually ok". However some people told us that occasionally they had to wait a little bit longer for care workers to assist them. People told us "It might sometimes take them half an hour to get to me, which is too long." We discussed this with the registered manager who told us that she was currently reviewing staffing levels and planned to provide additional staff once the new clinical lead had commenced employment on 21 September 2015.

We reviewed the staff rota for the last four weeks, which also included one-to-one care. When we spoke with care workers, they told us the number of staff deployed was

Good

Is the service safe?

sufficient enough to keep people safe and meet their needs. The home currently had four care workers in the morning and three care workers in the evening on duty. In addition to this a registered nurse was on duty 24 hours. There was also a cook, kitchen assistant, cleaner and administrator on duty during the day of this inspection. Rotas viewed confirmed that this was the usual staffing provided.

Care workers received medicines training but did not administer or manage medicines without the supervision of the nurse on duty. We observed the nurse administering medicines to one person. The person took the first tablet, but refused to take any more; the nurse managed to gently persuade the person into taking a second tablet but then decided to come later to try to administer the remaining tablets. We thought that the nurse handled this difficult situation very well.

Qualified and trained professional nurses were the only authorized staff who dispensed and administered medicines. The Medicines Administration Records (MAR) were up to date and the dosages administered were clearly recorded. The Controlled Drugs and Medicines Liable for Misuse stock were properly recorded stored securely in line with legal and professional provisions. All MAR charts cross-checked showed that people who used the service were receiving their medicines as prescribed and at the appropriate times. There were accurate medicines records and audits which were carried out by a visiting registered pharmacist and any concerns were referred to the pharmacist for guidance and support.

Appropriate arrangements for the management of people's medicines were in place and staff received training in administering the medicines.

Good

Is the service effective?

Our findings

People were all mostly complimentary about the food. "They give you good food"; "The meals are OK. On the whole the food is very good. They know I like my sausages, and I love bacon (for breakfast)" and "The food is very good". People who used the service were positive about the staff and told us they had confidence in their abilities. Comments included "It's very good here, very satisfactory. It's a nice house. I'm well looked after. I've got used to it" and "Staff do as best as they can; they are good at serving, they are good at writing down choices." One relative told us "The care is excellent. They work very hard. They feed them, they check on them".

Staff were positive about the support they received in relation to supervision and training. One care worker commented about the registered manager "we get support from management". Staff confirmed they received regular supervision from the registered manager, they told us they could talk about any areas where improvements can be made. Records showed that the registered manager maintained a system of appraisals and supervision. Formal individual one to one supervisions were provided regularly, which addressed current issues, reliability and training needs. Appraisals were scheduled annually and we saw that staff had received their annual appraisal in 2015.

Staff told us that the training they received helped them with their jobs and in care provision. We saw certificates which confirmed that that staff had undertaken training in dementia, fire safety, moving and handling, medicines administration and nutrition and hydration. A training matrix was being developed to record the training received by each staff and planned for all staff. We saw evidence that staff had undertaken induction training before they started working at the service; this was confirmed by the care workers we spoke with. The induction was split into areas such as risk assessments, person centred approach and confidentiality and staff had to sign each area to show competence in this area. The registered manager told us that the home was currently in the process of tailoring the induction training with the Care Certificate.

Care workers received training in the Mental Capacity Act (MCA) 2015 and Deprivation of Liberty Safeguarding (DoLS) and we saw up to date certificates on the staff training file. Some care workers however were not able to tell us what the MCA 2005 and DoLS was. However once prompted care workers told us they would always presume people had capacity to make decisions and would l assist them when required to make decisions, and if they were not sure they would report it to the registered manager or the nurse on duty. We looked at the providers' MCA 2005 and DoLS policy, which provided clear and detailed information what to do in the event people did not have the capacity to make a decision at a specific time.

The Care Quality Commission is responsible for monitoring DoLS. These safeguards were put in place to protect people's liberty where the service may need to restrict people's movement both in and outside of the home. For example, if someone left the home unaccompanied and this would be unsafe for them, the home would have to provide a member of staff to take them out. We found the home had looked at the issue of DoLS with all the people living at the home. Where necessary the home approached the local authority to assess peoples capacity and issue a standard authorisation of DoLS where required. We saw evidence of this in people's care files we looked at eleven standard authorisations of DoLS.

We looked at the provider's restraint policy, which was clear and detailed outlining that no mechanical restraint will be used unless in extreme violent behaviour. Staff told us they had not used restraint previously and will not restrain people. One care worker explained "Challenging behaviour is dealt with by listening and speaking to people and reassuring them in order to calm them down."

People told us they liked the food provided. People's comments about the food included, "I love the porridge", "The food is good" and a relative told us, "The chef is good, the food is brilliant, Auntie eats everything". People confirmed and we saw that choices of menu were available to everyone and the menu was discussed with people at regular meetings. One person told us that the staff, "Suggest a few things and I'll say I'll have that one." Another person commented, "If we didn't like it or anything like that I just say "no thank you"."'

The cook demonstrated good understanding of people's likes, dislikes and dietary needs and preferences. These were recorded on the noticeboard in the kitchen. We saw that each person had a named tray to ensure they received the meals they liked and requested. If people were not in or didn't want to eat at lunch time we saw that their meal was kept and could be reheated as and when required.

Good

Is the service effective?

We also noted that people could choose to have their meals in the dining room, in the lounge area or their room. However, we noted that the people choosing to eat in the lounge had not moved much since morning. We discussed this with the registered manager who agreed that people would be encouraged to be more mobile in order to avoid any potential pressure area problems.

We saw that people's weight was being monitored, discussed and action taken if any concerns were identified. We saw records that showed people had been referred to appropriate health care professionals such as GPs and dieticians. We saw that care plans included information and treatment advice from these healthcare professionals including recording food and fluid charts if there were concerns about individual's weight loss.

People's records contained information from health professionals on how to support them safely, such as advice from speech and language therapists regarding healthy eating and advice on potential swallowing problems or restricted fluid intake.

Each person's personal records contained documentation of health appointments, letters from specialists and records of visits.

We saw that assistance from medical professionals was sought quickly when people's needs changed. People confirmed they had good access to health and social care professionals. Relatives told us they were satisfied with the way the registered manager and staff dealt with people's access to healthcare and social care professionals. We noted that the GP visited the home every Wednesday and saw a diary which was used to record any non-urgent issues which needed to be discussed with the GP.

Good

Is the service caring?

Our findings

People who used the told us they liked the staff and they were treated with dignity and respect. Comments included "The carer workers are very friendly and provide a very good service", "The staff are very nice" and "The carers are very good."

We observed staff interactions with people throughout the day. We saw that people were very relaxed with staff and it was clear that positive and supportive relationships had developed between everyone at the home. During lunchtime we saw the lunch was brought up to the person. The carer said 'Hello (name), how are you today? Would you like me to feed you?" To which the person said that the person would do it herself. The care worker said to the person that this was ok and explained she would visit the person a little later to check if the person had eaten.

Staff told us about regular sessions they had with people where they read through the care plan with them. Staff told us they looked at what the person wanted to do and how they followed the person's needs and wishes.

There were regular meetings between people using the service, staff and the registered manager. We saw that the last meeting had taken place in June 2015. We saw that people had discussed activities, the menu and if anyone had any concerns or issues with their care.

We saw that staff had discussed people's cultural and spiritual needs with them and recorded their wishes and preferences in their care plans. For example, how and where people wanted to attend places of worship. A person told us, "Anything like that, they take care of you, and I enjoy reading the bible." Another person told us that she was a Roman Catholic and that a lady came in every Monday to give her and some other Catholic people using the service holy communion.

A care worker told us that they would ask if people needed anything and if people were happy, another care worker said people were encouraged to be independent. We observed care workers understanding the need of privacy and respect. For example we saw care workers knocking on people's doors before entering rooms and closing doors when supporting people with personal care tasks.

People told us they could choose whether they had the doors to their rooms open or closed and that they get up when they want to and go to bed when they wanted to.

We saw that people's cultural preferences in relation to food and diet had been recorded and menus we saw reflected the diversity of people living at the home. Relatives told us that the staff spoke a number of different languages and that this was helpful to them and the people living at the home.

People told us that staff respected their privacy and staff gave us examples of how they maintained and respected people's privacy. These examples included keeping people's personal information secure as well as ensuring people's personal space was respected.

Requires improvement

Is the service responsive?

Our findings

People told us that not much happens. One person said "There are activities once a week or once a fortnight. A lady comes and plays music, but not necessarily stuff I like. I like ballads, orchestral music, but not boy bands". Another person told us "I sit here all day long. What surprises me is that they don't play games" and "They could look at providing different amenities, looking after other people's interests".

A relative said that a man used to come every afternoon to run activities but he had left. He had told her that he had problems getting the people involved in the activities. She also said there were no outings. She compared it to a home where her daughter-in-law's father was (in another part of the country) where there was lots of entertainment and outings.

The home had a lovely and well maintained large garden but people and relatives said that they didn't tend to spend any time out there. One person told us he liked to sit in the garden but had to ask to be taken there. Three people told us they did sit in the garden. However on the day of the inspection it was overcast but dry and people could have sat outside for a while to get some fresh air and a change of scenery, but they were inside all day. One relative said she never saw staff walking with residents "They don't take them for enough walks".

During the day of this inspection we saw no planned activities being provided. The administrator told us that an entertainer visited the home twice a month. The registered manager told us that an activity co-coordinator had been employed since our last focused inspection of 25 June 2015; however the person left due to personal reasons. We looked at activity records in people's care plans, which had not been completed since March 2015, which was when the previous activity co-ordinator left. The home was in the process of recruiting an activity coordinator; staff told us activities were usually carried out once a week. They told us that staff get involved with activities. One care worker outlined staff do exercises with people and play games such as the jigsaw and another care worker told us they paint and play games with the people. However we did not see any evidence of this during our inspection.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at six people's care plans. These plans covered all aspects of the person's personal, social and health care needs and reflected the care given.

We saw that the registered manager and staff responded appropriately to people's changing needs. For example, we saw that, where someone's general health had deteriorated over time, their increased care needs had been regularly updated in their care plan. Staff told us that the registered manager kept them updated about any changes in needs of the people using the service. Staff had a good understanding of the current needs and preferences of people at the home.

All peoples' identified needs/problems had appropriate care plans with achievable objectives for addressing the needs/problems, which included gain weight or maintain mobility We noted that these care/support plans were regularly reviewed in line with the changing needs of the people who used the service. Records to m people who require additional support from

People told us they had no complaints about the service and felt able to talk to staff or the management if they did. Staff told us that people were encouraged to raise any concerns with the registered manager and at regular meetings. We saw, from minutes of meetings with people using the service, staff and the registered manager, that everyone was reminded that they could make a complaint.

One person told us, "I have no complaint to make." Another person commented, "You can make a complaint."

One relative told us they did not have any complaints about the home but that they would complain if they needed to. Relatives told us they had confidence that the registered manager would be open to and respond appropriately to any concern or complaint they might have.

We viewed the complaints log and saw that the home received two complaints since our last inspection. Both complaints had been investigated and resolved appropriately. We were told that one of the complaints would be discussed during the next team meeting to ensure that similar incidents did not happen again.

Good

Is the service well-led?

Our findings

We asked people about the management and the manager at the home. Comments made included "[Managers Name] comes to see me now and again. She's a nice person", "The manager does what she has to do", "and [Managers Name] is very good. I'm quite satisfied with the way it is run here" and "The manager is excellent; she knows everything so must update herself with the residents all the time".

Staff were optimistic about the registered manager and they told us they were supported and were able to raise any concerns or issues with the manager. One care worker told us "The manager is good and she helps" and another care worker told us "The manager is free to help anytime, I even call at nights".

The registered manager had developed quality monitoring systems. These included quality monitoring surveys that were given to people who used the service and their relatives once a year People we spoke with confirmed that they were asked about the quality of the service but had not made any comments or suggestions. They felt the registered manager would take their views into account in order to improve service delivery. The last relative and service user's satisfaction survey was undertaken in January 2015. Comments made were generally positive of the 13 replies which were received. Some of the comments included "Warm and welcoming homely environment", "All care staff should be congratulated on their caring and professional attitude towards residents and families" and "There are some large cracks in the walls, which should be repaired". We saw that since our last inspection the provider had started to redecorate and remedy the cracked walls, which were a result of subsidence and had been dealt with by the provider's insurance provider.

We also saw that people were consulted in March 2015 on the food provided. One of the people said they did not like onions and gravy. We saw in records that this had been documented and the cook told us about this during our inspection.

We saw that staff meetings took place on a regular basis and staff were kept updated about any new important information about the home and any new legislation, including the Care Act 2014 and the introduction of the new Care Certificate.

We asked staff how the home's visions and values were shared with them. Staff told us this was discussed in meetings and during supervisions. One staff told us, "We work as a good team."

Incident and accidents were recorded with details about any action taken and learning for the service. Staff said that learning from incidents was discussed at staff meetings and in their training.

Staff told us and records confirmed that there were regular fire drills and fire alarm checks and servicing of alarms and firefighting equipment. A recently reviewed fire risk assessment and evacuation plan were in place. Certificates were available to demonstrate current and appropriate gas and electrical installation safety checks, and portable appliances testing.

There were policies and procedures in place to ensure staff had the appropriate guidance required and were able to access information easily. Policies and procedures we saw each had a review date to ensure information was appropriate and current.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 Personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2014 Person-centred care.** **People who used the service were not provided with appropriate activities which met their needs and reflected their preferences. Regulation 9(1) (a-c).**