

Oakleigh Care Homes Limited

Oakleigh Residential Care Home

Inspection report

22 North Road
Alconbury Weston
Huntingdon
Cambridgeshire
PE28 4JR

Tel: 01480890248

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Oakleigh Residential Care Home is a residential care home providing personal care to 21 older people at the time of the inspection. The service can support up to 27 people in one partially adapted building.

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

People were happy with the care home and the staff that provided their care.

People felt safe living at the home because staff knew what they were doing, they had been trained, and cared for people in the way people wanted. Staff assessed and reduced risks as much as possible, and there was equipment in place to help people remain as independent as possible. There were enough staff, and the senior staff also spoke with people regularly. The provider obtained key recruitment checks before new staff started work.

People received their medicines and staff knew how these should be given. Medicine records were completed accurately and with enough detail. Staff supported people with meals and drinks. They used protective equipment, such as gloves and aprons. Staff followed advice from health care professionals and made sure they asked people's consent before caring for them.

People were supported to have choice and control in most areas of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, people were not free to leave the home and authorisations to make sure this practice was lawful had not been completed. Some adaptations had been made, although more could have been made for those people living with dementia. We have made a recommendation about consulting guidance for changes to the environment.

People liked the staff that cared for them. Staff were kind and caring, they involved people in their care and made sure people's privacy was respected. Staff worked well together, they understood the home's aim to deliver high quality care, which helped people to continue to live as independently as possible.

Staff kept care records up to date, although there was little individual information and not all care records were written in enough detail. We have made a recommendation about personalising care records. There was a complaints procedure in place, although no complaints had been made. People were happy with the activities that were provided. However, staff missed opportunities to spend time with people and they spend long periods alone with little to do. We also found this at our last inspection in March 2017. We have made a recommendation about developing activities for people with dementia.

Systems to monitor how well the home was running were carried out. Changes were made where issues had occurred elsewhere, so that the risk of a similar incident occurring again was reduced. People were asked their view of the home and this was overwhelmingly positive.

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

Rating at last inspection

The last rating for this service was good (published 13 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to acting in accordance with the Mental Capacity Act 2005.

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

Follow up

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

We will request an action plan for 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?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-Led findings below.

Oakleigh Residential 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 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.

Service and service type

Oakleigh Residential 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

This inspection was unannounced.

What we did before the inspection

We looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required to tell us about. 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 also sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with eleven people who used the service and two visitors about their experience of the care provided. We spoke with five staff members, including the registered manager, care workers and senior care staff. We also spoke with a visiting health care professional. 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 reviewed a range of records. This included three people's care records and multiple medicine records. We looked at a variety of records relating to the management of the service, including complaints and the systems for monitoring the quality of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person told us, "I feel safe here because I know there is someone here if I need them."
- The provider had effective safeguarding systems in place. Staff told us that they had received safeguarding training and they understood what to do to protect people from harm, including discrimination, and how to report concerns.

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health and welfare such as moving and handling, falling, continence and the risk of developing pressure ulcers.
- Staff completed risk assessments in relation to people's environment. These included those for fire safety and equipment. They told us that they also carried out fire drills regularly to understand what they should do in the event of a fire. This ensured that not only had risks been identified, but regular checks were also completed to make sure people were safe.

Staffing and recruitment

- There were enough staff on duty to support people safely and we saw that they had the skills to meet people's needs. People told us that when they rang their call bells staff attended quickly. A visitor said, "There always appears to be enough staff, you can always find someone if you need them." We found that staff were available when called and they responded quickly, however they were often together, writing care notes or taking breaks. This meant that people were frequently left alone for long periods of time.
- There was a system in place to recruit new staff to make sure there were enough staff on duty at all times. Staffing levels were determined through the use of a needs dependency tool.
- Pre-employment checks were carried out before staff started work. This kept people safe because it helped the provider make sure that only suitable staff were employed.

Using medicines safely

- Staff had received training in how to safely give medicines, they respected people's decisions if medicines were refused.
- Staff administered medicines safely and maintained records to show this. There were instructions for giving medicines that needed to be taken in a specific way or only as required. There were also instructions for applying creams and where on the body these were needed.

- Medicines were stored securely, and staff continued to make sure medicines were secure by only administering these to one person at a time.

Preventing and controlling infection

- Staff had completed training in how to reduce the risk of infection and they followed good practice guidance. They used personal protective equipment, such as gloves and aprons, to help prevent the spread of infection.
- Housekeeping staff followed a schedule of cleaning, which made sure that all areas of the home were cleaned on a regular basis. The home was clean, tidy and smelled pleasant when we visited.

Learning lessons when things go wrong

- Incidents or accidents involving people using the service or staff were managed effectively. Staff recorded these appropriately and the registered manager took action following accidents or incidents to reduce the risk of these reoccurring.
- Staff also put actions in place following incidents to reduce risks to people, for example the risk of fire from glass or magnifying objects in the sun. Information about this was relayed to staff through meeting and during handovers between shifts.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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.

- Staff members had received training in the MCA and DoLS. They understood principles of the MCA and encouraged people to make decisions for themselves. We saw that even where people were not able to make decisions staff still involved them as much as possible in the process. However, best interest decisions were not well recorded in care records. This meant that staff would not easily know how to support people with specific decisions.
- Staff told us that people were not free to leave and they would prevent some people from leaving for their own safety. Although people had mental capacity assessments that showed they were not able to make some decisions, DoLS applications had not been completed. This meant that the registered manager and staff were not working within the principles of the MCA.

The lack of applications for Deprivation of Liberty authorisations meant that people were restrained without the authorisation to legally do so. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Adapting service, design, decoration to meet people's needs

- The provider had made some adaptations to the home to ensure people were able to move around safely. Hand rails and equipment were in place in toilets and bathrooms to allow people to safely use these areas independently. There were large pictures on these rooms so that people could easily identify what they were

for. However, there were no handrail along corridors and there was little specifically for people with dementia, such as fiddle boards or pictures.

We recommend that the provider refers to current guidance about updating the environment for people with dementia.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff completed assessments of people's needs before they started using the service. This helped them to make sure they had enough staff with the right skills to meet their needs.
- Staff worked with health professionals and consulted national guidance about health conditions. This information was easily available for staff to consult when needed and it helped them better understand how people's specific needs should be met.

Staff support: induction, training, skills and experience

- Staff had received training when they first started working at the home and this was updated each year. Staff told us that they received other training, such as for specialised care needs.
- Staff members received supervision as individual meetings and they said that they could also contact the registered manager or senior staff at any time between meetings. They felt supported to do their jobs.

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

- People said they liked the meals they received. One person said, "It's very good here, there's always a choice of food. You've only got to ask and they bring you tea, coffee, anything you want." Another person told us there was always a choice available and said, "If I don't like the food, they'll find me something else to eat."
- People chose where they sat, they were able to eat at their own pace and both courses were appropriately spaced apart. Staff provided support to people who were not able to eat and drink independently. This included prompting and encouraging people or directly assisting them.
- Staff completed assessments and records to monitor what people ate and drank, where this was needed. This reduced the risk of people losing weight and made sure that advice was sought if it did happen.

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

- Staff completed a 'this is me' form, which recorded important information about people, their needs, daily routines and preferences. People took the form with them when they visited other providers of care, such as hospitals. This meant that important information was available if the person was not able to tell others about their preferences and they did not have a staff member to help them with this.
- People were referred to health care professionals for advice and treatment, for example to dentists, dieticians or community mental health teams. One person told us, "I have seen the optician and the chiropodist comes regularly." A visiting health professional told us that advice and recommendations were followed by staff who knew people well.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- People said that staff were kind and caring and they commented positively about staff members. One person said, "[Staff] are very kind." Another person told us, "Everything's fine, the staff are very good here, this home was recommended to my family."
- Staff showed concern for people and made sure people had everything they needed. They were aware of people's individual needs and preferences. People confirmed that staff knew them well, with one visitor saying, "It's fabulous. They're all so kind, helpful and obliging."
- People were comfortable in the presence of staff. They were able to express themselves to staff and staff listened to them. Most interactions with staff gave people positive experiences, although these were infrequent.

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

- People said that staff asked about how they preferred to have their care and support provided.
- Staff told us they provided care to people in a way that each person preferred but that still encouraged them to do as much for themselves as possible. Staff had enough time to support people and in the way they wanted. One visitor told us, "They assist my [relative] to be as independent as possible."
- People were supported to make choices about their care throughout the day. For example, they chose when to get up and what they wanted to eat.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and they made sure people were supported in a dignified way. This was because they closed doors and curtains, and covered people up as much as possible while supporting them with personal care.
- People's confidentiality was maintained; records and information about people were kept securely and not left in communal areas.
- Friends and relatives were welcome at the home, one visitor told us, "I am able to visit any time."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant people's needs were not always met.

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 told us they had things to occupy them and that they were not bored. One person said, "I sit out in the garden, people don't want to be chummy here, but that's all right. I read, my [relative] brings in books and friends come and take me out to the garden centre." Other people told us, "I'm quite happy watching television," and, "I don't get bored, I have my radio on the classical music." Other people described going out to clubs and enjoying arts and crafts sessions in the home.
- We found that although there was an activity list displayed, the activity for the afternoon of our visit did not take place. This was because the staff member responsible for carrying out the activity worked as a member of the care staff due to a sudden staff shortage. However, we also found that care staff missed opportunities to spend time with people. This left people alone for long periods of time with nothing to do and meant that many people fell asleep during the morning. Although staff interactions gave people positive experiences, these were infrequent, and we found that staff often spent time together writing notes or when taking breaks. Missed opportunities for staff to spend time with people was also identified at our last inspection in March 2017.

We recommend the provider refers to current guidance about supporting people to follow their interests and taking part in appropriate activities.

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

- People's care needs were met and they were happy with the care they received. One person told us that staff, "I'm very happy here, they look after me well." Another person that staff cared for them in the way they wanted and helped them with personal care.
- People had care plans in place, although these were not personalised or written in detail. They did not give staff enough guidance on how to meet people's needs effectively and safely. However, there was a stable staff group and they had built good relationships and knew people's likes, dislikes and preferences.
- Each person's care plan was reviewed each month unless there were any changes before that time. However, people did not know they had a care plan and were not involved in these reviews.

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 people's communication needs during their initial assessment. These were recorded in people's care records and staff knew how to make sure people understood information they were given.

Improving care quality in response to complaints or concerns

- People knew who to speak with if they were not happy with the care they received. One person told us, "If something wasn't right, I would see the manager."
- Information provided before this inspection told us that no complaints had been made in the previous 12 months. People had a complaints procedure to follow if these were raised.

End of life care and support

- Guidance was available in people's care records about their end of life wishes. These records showed that people's relatives and health professionals were also involved in obtaining information about people's wishes. One person had been visited by a specialist nurse who then liaised with other people to make sure everyone involved with the person knew their wishes.
- Staff had received training in caring for people at the end of their lives. Additional guidance was available for staff in the form of an end of life policy and the support of community nursing staff.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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.

Continuous learning and improving care

- The registered manager was aware that Deprivation of Liberty Safeguards applications were required, although these had not been completed. However, they had completed assessments regarding whether people were at risk of restraint or being deprived of their liberty and how great that risk was. They told us they would submit applications following our visit.
- Processes to assess and check the quality and safety of the service were completed. The registered manager and senior staff carried out audits, which meant they regularly identified areas of the service that required improvement and made those improvements in a timely way. However, they had not identified that care plans were not personalised or written in enough detail.
- Records of accidents and incidents were analysed to find trends or themes, such as the staff involved or the cause. This enabled the registered manager to take action where needed and reduce reoccurrence.

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

- The registered manager communicated with people, their relatives and professionals in an open way. They understood their responsibilities to ensure people received the care they needed and stepped in to support staff when needed. One person told us, "The manager is good, she comes and talks to us all."
- Staff knew people well and their commitment to caring for people living at the home was evident from the feedback we received.

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

- The provider sent us information about events and incidents that happened, such as possible harm, and what action they had taken to resolve or improve things. They displayed their inspection rating and told people and visitors what they had done to improve.

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

- Staff told us they were able to provide care and support to people because they had strong members of staff who supported new staff. They said they could raise issues with the registered manager and were

confident their concerns would be listened to.

- Staff said the registered manager was approachable and would work with them if needed. One staff member told us, "[The registered manager] is lovely, pretty good as a manager, helps out when needed, lets you know anything you need to. In my opinion, she's great."
- The registered manager was supported by senior staff working within the home and by the provider's operational staff. This made sure the home ran well at those times when the registered manager was not available.

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

- People and their relatives had completed a survey, which showed only positive comments about the home and the care people received.
- Staff completed reviews of people's care, which also provided people and relatives with the opportunity to feed back about the service they received.
- Staff told us that they attended staff meetings, which gave them regular support and information was shared quickly with them.

Working in partnership with others

- Staff worked in partnership with other organisations, such as the local authority safeguarding team. The provider and senior staff contacted other organisations appropriately.

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>How the regulation was not being met: People who use the service were not protected against the risks associated with restraint or unlawful deprivation of liberty.</p> <p>Regulation 11 (3).</p>