Oakleigh Care Homes Limited

Oakleigh Residential Care Home

Inspection report

22 North Road
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Tel: 01480890248

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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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Oakleigh Residential Care Home is registered to provide accommodation for up to 27 people who require nursing or personal care. It does not provide nursing care. At the time of our inspection 21 people were using the service.

This inspection was undertaken by one inspector and an expert by experience. At the last inspection on 5 January 2015 we found that improvements were required. This was in relation to the way that risks to people were identified and managed. During the inspection we found that the required improvements had been made.

At this inspection we found the service remained 'Good'.

A registered manager was in post at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Staff were knowledgeable about how to recognise, and protect people from, harm. Risk to people were effectively managed. Incidents were responded to and changes were made or were in the process of being implemented to help keep people safe. Medicines were administered and managed safely.

People's assessed care needs were met by a sufficient number of suitably qualified staff. Staff were recruited through a robust and thorough process. This helped ensure that staff who were subsequently employed were suitable to work with people who used the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's needs were assessed by skilled staff who then implemented people's care and support based upon people's preferences.

People's care plans were detailed and provided staff with sufficient guidance to care for people and meet their assessed needs. People's health and nutritional needs were met by staff who had been trained to support people with these needs. Staff enabled people to access health care support when this was needed.

Staff were aware of what was expected of them and they were provided with supervision and guidance on areas they needed to develop and what they had done well. A range of audits and quality assurance systems were in place to assess, monitor and improve the service.

People's, staff's and relatives views about the quality of the service were sought through day to day contact, questionnaires and telephone calls.

Further information is in the detailed findings below.

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 had improved and was safe.

At the last inspection we saw that improvements were needed. This was with regard to the way risks to people were identified and managed. At this inspection we saw that the registered provider had made improvements and this area is now rated as good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Oakleigh Residential 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.

This unannounced inspection took place on 22 March 2017 and was undertaken by one inspector 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. Their area of expertise was in caring for older people and those living with dementia.

Before the inspection the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what it does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report. We also looked at the number and type of notifications submitted to the Care Quality Commission. A notification is information about important events which the provider is required to tell us about by law.

We also contacted and received information from the local authority who commission care at this service.

During the inspection we spoke with seven people living at the service, two visiting relatives, the registered manager, the provider's representative, three care staff, the chef and the administration assistant.

Good

Is the service safe?

Our findings

The reasons people told us that they felt safe included one relative saying, "There are always plenty of staff to support [family member]." One person told us, I am very well looked after here and [staff] are very kind." Another person said, "I've never heard anyone [staff] shout or be abrupt – not the staff – ever."

A range of information was provided to people and staff on who they could contact if any person was at risk of harm including the local authority. Staff had been trained and understood what keeping safe from harm meant. One staff member told us, "If I noticed a person was withdrawn, quiet, had any [unexplained] bruising or marks on their skin I would report this immediately." Another staff member said, "If I recognised that any person had been abused or harmed I can report this to you (CQC), the [registered] manager or the police. I would go to the owner (provider) if I needed to."

We found that there were systems in place to reduce risks to people. These systems included risk assessments for any risk of harm such as moving and handling, skin integrity, choking, falls and mobility. Any changes to the risks to people such as those following a fall were acted upon to prevent recurrence as far as practicable. Referrals to appropriate health professionals were made promptly where the risk to people required external interventions. This included the provision of equipment to keep people safe.

People's dependency needs and the number and skills of staff required to meet these were reviewed regularly. This was to help ensure that there was sufficient staff to safely meet these needs. One person said, "I have used the [staff call] bell in the night and they [staff] come very quickly." We saw and staff told us that there were sufficient staff to undertake people's personal care and support needs. One staff member told us, "It can be busy at certain times but the [registered] manager sometimes steps in if we ask." Another staff member said, "If staff ring in sick we use off duty staff or overtime. We never use agency as it is better that we know people's needs."

Staff were trained on administering medicines as well as having their competency assessed to do this safely. One person told us "They [staff] are wonderful here – they sort it all [medicines administration] out for me I don't have to do a thing." One staff member told us, "Following my medicines training I had to complete a workbook and then the [registered] manager observed me administer medicines before signing me off to do this." People could be assured that they would be administered medicines as prescribed.

Good

Is the service effective?

Our findings

People's needs and preferences were assessed and a programme of staff training was in place to meet these. One staff member told us, "Some people have sensory impairments and I have requested to do a course in sign language to increase my skills." The registered manager told us how people's needs were assessed. This was through a combination of healthcare needs, details form the person, their relatives and commissioners' of the service. This information was used to inform people's care planning and provision.

People told us that could choose what they wanted to do. One person said, "We have a good old chat and they [staff] spend time with me. I like telling staff what I used to do." Another person told us about their choices by saying, "I like to stay in my room. I like to be here and I like my own company. I do go out for meals." Staff used information from people to help deliver care based upon what people's preferences were, whilst respecting their independence.

Staff told us that their induction, training and support enabled them to meet people's needs. Staff had been trained in a range of subjects such as moving and handling, the Mental Capacity Act 2005 (MCA), dementia care, fire safety as well as more in depth training if this had been required. The registered manager explained how they used information from national care organisations to keep up-to-date on care developments. One staff member told us, "I really enjoyed the dementia care training. It really helped me understand what it is like for people with these care needs."

One staff member said, "I had a four week induction and then help from experienced staff. I definitely have the confidence to care for people whether it's personal care or assisting people to eat safely." One person told us, "The girls [staff] definitely know what they are doing." A relative said, "I arrange everything for [family member]." This was confirmed by their relative's records.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. Discussions with staff and observations demonstrated they understood the principles of the MCA and how this applied to the people they supported. Staff encouraged people to make decisions independently based on their ability.

People told us that they could choose what they ate and that staff encouraged them to do so. Records confirmed that people had been offered choices of food and drink including those people who required a soft food or pureed diet and any supplements. One person said, "There's plenty to eat and drink here and it's really good." Another told us, "The food is quite nice really." Our observations showed that from people's conversations and help from staff that mealtimes were relaxed and informal. People told us, and we could see for ourselves, that they could choose what to eat from a choice of freshly prepared food. We found that a record was kept and monitored for the quantity of food and fluid consumed for each person at an increased risk of weight loss.

Staff sought health care support and advice from health care professionals. Examples included those for speech and language therapists, occupational therapist, GPs and opticians. One person told us, "The optician came in, very good, I think I'm being referred." Records demonstrated that staff were proactive in obtaining advice or support from health professionals when they had concerns about a person's health and wellbeing.

Good

Is the service caring?

Our findings

All of the people and relatives we spoke with were complimentary about the service provided. This included a very homely environment as well as staff caring for people in a sensitive, kind and gentle way. One person told us, "Oh I hear them [staff] say things like 'well done (name) you have done that really well – they are very encouraging to people." Another person said, "The staff are really kind – even with some of the people who can have [behaviours which others could find challenging] they are really patient."

Reviews of people's care involved the person at each occasion this took place. Relative's comments were used to help ensure that the care people received was based upon what was important to the person. One person said, "I have lived here for a while and I am very happy." A staff member said, "This is the home I would choose for my mum." Support was provided where people required someone to advocate for them to speak on their behalf. This showed us that the care provided at the home was centred on the person and ensuring people really mattered.

Throughout the day we saw that people didn't have to wait for care as staff knew people's needs well. Staff spoke with people in a kind and considerate manner such as staff kneeling down to allow people to see and hear what staff said. People told us they were treated with dignity and respect. One person said, "The [staff] are really good, they always ask if I am ready or 'can I help you?" We saw that staff knocked on doors and waited until the person agreed for them to come in. Two other people told us that staff were "very good' at helping" and "they don't rush and they are very considerate".

We found that people could have visits by friends and families when they wanted. Staff knew about people's families and their visitors as well as what was important to the person. People were encouraged by staff to remain as independent as possible, which enhanced their dignity. Care records were specific in the tasks people could do for themselves and those they needed support with. We observed staff encouraging people in a compassionate way to be independent, such as cutting up their food but then encouraging them to eat it independently. This reduced the risk of people losing the skills that they still possessed.

People's care records were held securely and daily care records were used to record the care people had received. This was as well as a staff handover detailing any changes to people's care. This helped staff respect how people had wished or needed to be cared for. A relative said, "They [registered manager] always keep me fully informed about any changes to [family member's] care and any changes in their health. They recently returned from hospital and as a result of the amazing care they are still here."

We found that people who required advocates to support them with their care such as a Lasting Power of Attorney had this in place. We saw that information was displayed for any external and independent advocacy which could be provided if this was ever required.

Good

Is the service responsive?

Our findings

Although some people told us that staff did not know them well we found that staff's knowledge of people, in relation to their care plans was detailed and informed. A relative told us, "They [staff] know [family member] ever so well. They must do otherwise my [family member] would tell staff exactly what they needed to do. I can't fault the staff at all." One person told us, "My family raise horses and I am looking forward to going to see the new foals." As a result of this person's affection for horses a pony had been arranged to visit. We saw photographic evidence of the delight on people's faces at this event. Another person said, "We do get activities more often such as exercises but there can be times when I am bored. Some people did crosswords or used an electronic device to do puzzles. Other interests and pastimes included a resident pet dog, hamster and budgerigar which people interacted with.

The registered manager gave us examples of the games that staff could support people with such as dominoes, scrabble and draughts. However, we did find occasions where there were missed opportunities for staff to interact with people. For example, two people told us that there wasn't much to do. One person said, "They've just started exercise thing and I do like that." Another person told us "I keep myself busy with the newspaper and the crosswords but not much else." The lounge near the dining room had eight people sleeping or snoozing. Apart from the TV playing and staff offering drinks there was limited interactions apart from personal care. The registered manager told us that a new activities person had been employed and that staff would normally interact with people. For example, one person told us, "They have a church service and I do go to that I like it, it's here." Another person told us that they had manicures. A relative said, "Staff can be busy but they always include my [family member] talking about the weather, the news and day to day life and [involve] people but they don't ignore [them]." A third person said, "I go out and walk in the garden as long as it isn't raining."

People's care records contained personalised information about them, such as their hobbies, interests, preferences and life history. This information helped staff to identify what was important to people and the activities they enjoyed. It also enabled staff to better understand and meet the needs of people with a sensory need. One person said, "My (talking) clock is so good – it has made such a difference to me." Another person with a sensory impairment told us that they sat in the same places each day to eat that this was a great relief for them as they would otherwise find mealtimes very stressful. People had individualised bedroom doors. This was to help those people living with dementia who may not always be able to recall these details independently.

Various systems were in place to encourage people to comment about their care and capture and act upon people's views about the service and care that was provided. Examples included, daily contact with the registered manager and a quality assurance questionnaire from people and staff. This also included feedback from the regular "residents' meetings". One person said, "I had (a need to complain) but they [the registered manager] sorted it out quickly and now I have a locked cupboard which is really good." Whilst a record of complaints was held this was not done centrally and this limited the provider's ability to recognise when improvements were needed.

Good

Is the service well-led?

Our findings

People and their relatives knew the registered manager by name and said that they saw them frequently around the home. One person told us, "I know the manager, she's very nice and I would feel comfortable talking to her if I needed to." A relative said, "I would speak to the [registered] manager if I had a problem." Staff told us they felt motivated in their roles and every opportunity to improve the quality of people's lives was taken, such as the recruitment of a permanent activities coordinator.

The home had a registered manager who had been in post since June 2014. We found that they had submitted notifications about important events the provider must tell us about when this had been required. Commissioners of the service had fed back to us that the registered manager was always approachable and proactive in dealing with any issues.

The registered manager told us that the values of the home were putting people first. They said that staff were regularly reminded at meetings and supervisions of why putting people first was important. This was as well as staff being enabled to have a two way discussion about what support they needed. For example, staff had been reminded to always record the temperatures of medicines which we found had been the case. Meetings had been held with the staff in January 2016 and shift leaders in July 2016. Staff told us they would benefit from more frequent meetings.

A staff culture of openness and honesty flourished due to the way the registered manager supported staff to achieve their potential. We found that the reintroduction of the key worker system had benefitted people by having more up-to-date care plans. [A key worker is a named member of staff who coordinates a person's care and acts as a link with their family and care professionals]. This was as well as empowering staff in the quality of care that was provided. One person said, "They [staff team] are always busy helping each other. I can't fault their attitude."

The registered manager told us, and we found, that they were proactive in identifying improvement opportunities to the service. For example, comments from people, relatives and healthcare professionals had indicated that the noise level of the call bell system had become too loud. As a result of the age of the call bell system the provider told us that a new system was planned to be installed. This was as well as changes to how people could request staff assistance remotely. Other improvements had been made in how people were supported to access the community by having various visiting animals, reptiles and religious organisations. These were as well as the registered manager confirming in their PIR that the bathrooms were to be updated.

A regular programme of effective audits and checks were in place for subjects such as care plans, medicines administration and the dining experience for people. As a result of actions taken from these checks the service had received a rating of five from the food standards agency. This demonstrated good management as well as high standards of food preparation.

People were assured that they care they received was based on the latest information including those

people with a disability. This was evidenced during inspection and confirmed by the registered manager and staff who followed guidelines from national organisations relating to the provision of care.

All staff told us that if ever they identified or suspected poor care standards they would have no hesitation in whistle blowing (whistle-blowing occurs when an employee raises a concern about a dangerous, illegal or improper activity that they become aware of through work).