Oakleigh Care Homes Limited

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Inspection report

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Ratings

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

Overall summary

This unannounced inspection took place on 05 January 2015 and was completed by one inspector.

At our previous inspection in July 2014 the provider was not in breach of any of the regulations we looked at.

Oakleigh Care Homes Limited provides accommodation for up to 27 people who require personal care. It is not registered to provide nursing care. At the time of our inspection there were 24 people living at the home accommodated in single occupancy rooms. This was at the choice of the provider.

The service had a registered manager in post. They had been a registered manager since April 2014. 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 told us they were safe living at the home. We found that there were a sufficient number of suitably

Summary of findings

qualified and trained staff employed at the home. The provider had a robust recruitment process in place which helped ensure that only the right staff were employed at the home.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found that the provider and staff were knowledgeable about when a request for a DoLS would be required. We found that no one living at the home needed to be deprived of their liberty to ensure their safety. Procedures were in place to monitor people's safety to ensure that, when required, people were only deprived of their liberty when this was lawful and also in the least restrictive way. People who had limited capacity to make decisions were supported with their care and support needs with a capacity assessment to determine care in their best interest.

Staff respected people's dignity and offered privacy at all times. People were provided with their care when this was required and people did not have to wait more than a few minutes for their call bells to be answered.

People's assessed care needs were planned and met by staff who had a good understanding of how to meet these. All care records we looked at were detailed and provided staff with appropriate information to care for people in the right way. However, people at an increased risk of falls were not always safely supported to prevent further falls. This was because the provider had not always identified those people at an increased risk of falls.

People were supported to access a range of health care professionals. This included a GP and district nurses. People were consistently supported with their health care needs in a timely manner. Health risk assessments were in place to ensure that people were only exposed to risk where this was safe for them to do so.

People were provided with a varied menu and had a range of healthy options to choose from. There was a sufficient quantity of food and drinks available at all times and throughout the home.

Care was provided by staff in a caring and compassionate way. People's hobbies and interests had been identified and staff supported people with their preferences. Hobbies and interests provided were based upon what was important to people.

The provider had an appropriate complaints procedure which all staff were aware of. People were supported to raise concerns. People who required an advocate were offered this support to speak up on their behalf. Action was taken to address people's concerns and to prevent any potential for recurrence.

The provider used a variety of ways to assess the quality of care provided. People, relatives, staff and management were given every opportunity to identify areas for improvement and suggest ways to improve the care provided. Where people suggested improvements, these were implemented to improve the quality of care provided.

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?

Requires Improvement

The service was not always safe.

People were supported by a sufficient number of staff who were knowledgeable about safeguarding procedures. However, risks to people's safety were not always managed effectively.

Only staff whose good character had been confirmed were employed at the home.

People were supported with their health care needs. This included access to healthcare professionals and support with taking their medicines.

Is the service effective?

Good

The service was effective.

People were supported with their preferences and assessed needs by skilled and competent staff.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This helped ensure that restrictions on people's freedom were only put in place where this was lawful

People were supported to eat and drink a balanced diet. Sufficient quantities of nutritious food and drink were always available.

Is the service caring?

Good

The service was caring.

People were provided with care and support with compassion and in a way which met their needs in a sensitive and caring way.

People's care needs were met by staff who had a good knowledge and understanding of these. Staff knew what was important to the people they supported.

Prompt action was taken to ensure people's care and support needs were met by the most appropriate health care professional. People were given every opportunity to maintain and improve their independence.

Is the service responsive?

Good

The service was responsive.

People were involved as much as possible in their care assessments. The staff responded promptly to people's assessed needs.

A range of social interest activities and hobbies were in place for people.

Summary of findings

Regular reviews of people's care were completed and changes were made to ensure people's care was provided in the way they wanted it to be.

Is the service well-led?

Good

The service was well led.

The provider used a variety of ways which it supported people to be able to suggest improvements, raise concerns and comment on the quality of care it provided.

People were supported by staff who shared the same beliefs and values of the home about always putting people first.

The registered manager and all staff knew what was expected of them and what standard of care was required. People could be confident that their care and support was based on their most up-to-date care information.

Oakleigh Care Homes Limited

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 05 January 2015 and was undertaken by one inspector.

Before our inspection we looked at information we held about the service including statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We also reviewed the provider information return (PIR). This is information that the provider is required to send to us to which gives us some key information about the service and tells us what the service does well and any improvements they plan to make. We also spoke with the service's commissioners, two health care professionals, an exercise class provider and received information from the home's GP practice.

During the inspection we spoke with five people living in the home, two relatives, the registered manager and four staff members. We also observed people's care to assist us in understanding the quality of care people received.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at four people's care records, service user (residents) and relatives' and staff meeting minutes and medicines administration records. We looked at records in relation to the management of the service such as electrical and water system checks. We also looked at staff recruitment, supervision and appraisal processes. We also looked at training records and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

All of the people we spoke with confirmed that they were safe living at the home and that they had no concerns about the care they received. One person said, "The staff treat me ever so well and I don't have to wait long for them to answer my call bell." People told us that there was always sufficient staff on duty to meet their care needs safely. A staff member said, "There are very few occasions when permanent staff are unable to cover their shifts. If this happens we are always able to provide cover."

All of the people we spoke with told us they were supported to take risks including walking and other ways they moved around the home. One person said, "They support me with my medicines and ensure I have taken them all." One relative said, "I am absolutely confident that my [family member] is safe living here. They have been here for ages and there has never been any problem at all." The home's GP practice and district nursing staff visiting the home told us that they had no concerns about people's safety. This showed us that staff implemented health care professionals advice in supporting people's safety.

All of the staff we spoke with demonstrated a good understanding of what protecting people from harm meant. The registered manager told us and staff confirmed that they kept up-to-date with current safeguarding practices and would report any concerns if they ever needed to. Access to information about protecting people from harm was displayed in all areas of the home including in the service user guide. This showed us that there were measures in place to help ensure the risk of harm to people was minimised.

Staff recruitment records showed us that there was a robust process in place to ensure staff were only employed at the home after their good character had been reliably established. Checks included those for unacceptable criminal records, previous employment history and references from employers. Staff confirmed that they had only started work after these checks had been completed. This showed us the provider only employed staff who were found to be suitable to work with people living at the home.

People, relatives and staff told us, and we found, that there were always sufficient staff with the right skills working at the home. The registered manager explained how they had assessed people's needs and that this assessment determined the staffing levels required to keep people safe. A person told us, "I never have to wait for staff. You just ask and they come within a few minutes at most." We found that people's needs were met promptly and we saw that people were supported by the right number of staff.

People at risks such as weight loss or choking were supported by the appropriate health care professional to be safe. One person had experienced over eight falls since July 2014 and their risk assessment for this increased risk of harm had not been updated. In addition, no referrals had been made to the local authority falls team. The registered manager told us that they were aware of this but could not explain why the risk had not been updated. Action was not always taken where it could have been. This increased the risk of harm as risks to people's health were not managed effectively.

We found regular and up-to-date checks had been completed on the home's electrical systems and equipment, environmental health and fire safety. This helped ensure that the home was a safe place to live and work in.

People were safely supported by trained staff with their prescribed medicines. Staff had access to, and used, clear guidance and instructions to ensure people were administered their prescribed medicines at the time they needed. Records we looked at for medicines administration, storage and disposal were accurate. This meant that people were provided with the support they needed with their prescribed medicines in a safe way.

Good

Is the service effective?

Our findings

All of the people we spoke with told us that they rarely had to ask for specific help with their care as staff knew their needs well. One relative told us, "The staff know [family member] better than we do. People were supported with their assessed needs.

Staff told us that they had received regular supervision and training to ensure they kept up-to-date with current care practices. This included those staff who had been given additional training on subjects such as dementia care. Training records confirmed that training was planned and delivered according to staff's identified development needs. One staff member said, "We are all doing safeguarding people from harm at the moment." The registered manager told us that they had got behind with some staff appraisals but these were planned. Two staff members told us that their annual appraisals were due in January 2015.

The registered manager explained how they supported people in the least restrictive way. One example was rather than using bed rails, a bed had been provided that could be lowered to floor level. This meant that people were not unnecessarily restricted. We saw that staff understood people's needs very well. This was by ensuring they always received a valid consent from each person before providing any care or support. Examples we saw included staff waiting for permission before entering a person's room. People were only provided with care where they had agreed to this.

People's care plans included advanced directives including do not attempt cardio pulmonary resuscitation (DNACPR) records which had been signed by a health care professional. Staff knew when this decision was to be respected. This showed us that DNACPR current guidance was followed.

We found the registered manager and staff had a good understanding about what the implications of the MCA and DoLS meant for each person. They were aware of changes in the law regarding this subject and how to apply this judgement to only deprive a person of their liberty where this was lawful. Each person had been assessed for DoLS and a user friendly flow chart was used to assist staff in determining when restrictions applied or were needed. We found that best interest meetings had been held to ensure that, when required, people's care was provided where it was in their best interest.

We found that fresh local produce was provided to ensure people had a balanced and nutritious diet. People were provided with clear and detailed information of the meal menus. This included a visual choice and being able to smell their chosen meal so that each person would know what they had chosen for each meal. During lunch we saw that people were supported to eat in the dining area, in their room or a place of their choice. One person said, "I am partially sighted so staff ensure they inform me what I am eating, that it is hot and also if I ever want any more."

Staff attended to people's dietary needs promptly, sought their agreement to support them and offered additional quantities if required. One person said, "The food is always very nice, just like you get at home and it's hot." Staff told us that some people needed soft or pureed food diets and that these were available for people at risk of choking. There were snacks and fresh fruit available if people wanted this. People were supported to be involved with their meal choices and were offered sufficient quantities of healthy food and drinks.

People told us, and we found, that they saw a range of health care professionals including opticians and a GP when they needed. People's health conditions were monitored regularly and where health care support was required we saw that referrals were made in a timely way. A visiting district nurse said, "No one has developed a pressure sore in the home for over 12 months and I can't remember the last time this occurred. People with complex care needs such as pressure area care or speech and language therapist (SALT) needs were supported with advice which had been sought and followed by staff.

Good

Is the service caring?

Our findings

People told us that the home was homely and that staff were very caring and sensitive in the way that they provided care and support. One person said, "All the girls are so caring and good to me." Another person said, "The staff look after me ever so well and speak to me like I would like to be spoken to."

People were involved in the reviews of their care. Information from people and their relatives was used to help ensure that people received care based upon what was important to them. One person said, "I have lived here for a while and I am very happy." A district nurse 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's needs were met in a consistent way. Staff ensured that people were supported to live the lives they wanted. One person said, "I used to live in the country and I love it here. I have my dog and everyone gets on with him."

One person who was exhibiting signs of pain was responded to by staff by asking the person what was the matter. This was done with warmth and compassion and ensured the person was supported to ensure they were well. Later in the day we saw that this person walking around and were quite contented. District nurses told us, "They (staff) make people feel so at home and take care of all their needs very well."

People told us that they were regularly asked if they were "alright", if they wanted anything and that their views were acted upon. One person said, "I attended a residents meeting and I was able make suggestions and be involved in how the home is run." A relative told us, "My [family member] has several health conditions but the staff and district nurses manage these in a sensitive and caring way."

People's care records were held securely and daily care records were used to record the care people had received. A relative said, "The (registered) manager always keeps [family member] and us aware of any changes in health and if any health care has been provided. Staff only discussed people's care in private and people were able to lock their door if they wanted this option. We observed one person being hoisted. We saw that throughout the move staff maintained respectful communication to ensure that the person did not become anxious. There was also laughter and humour from this person. This showed us that people were supported in a way which respected their dignity.

We observed that all of the staff team provided care in a dignified way and that throughout our inspection we regularly overheard staff talking to people in a way which showed that the care was always provided sensitively. One person said, "There is everything you could ask for. It is so homely here." Another person told us, "My privacy is always respected and I can lock my door."

Good

Is the service responsive?

Our findings

People who lived at the home told us, and we found from records viewed, that prior to people moving into, and living in, the home, a comprehensive assessment of their needs had been undertaken. This was to ensure that the home and its staff were able to meet people's needs. One relative said, "[Family member] has been here for some time now. In the start we had to make some suggestions but the (registered) manager responded quickly."

People's care plans were detailed and included guidance for any member of the staff team to care for the person appropriately. People's life histories, preferences and choices had been recorded. One person told us, "Staff ask me if there is ever anything I would like or if there are any changes to be made." Another person said, "I like the weekly religious services and all the other things that go on. In the better weather we go into the garden and have meals there." Records displayed on the home's notice boards evidenced the recent activities that people had requested had occurred and what was planned for the future.

People living in the home had identified several social hobbies and interests that they would like. These hobbies were confirmed in the meeting minutes we looked at. These included a selection of daily newspapers, jigsaws, puzzles and social activities people with visual impairments could take part in. We found that these had been provided. Examples of this were large piece jigsaws, exercise classes, religious services and singing. One person said, "There is always something to do. I never get bored." We go out on trips and last year we went to a local airfield which I really enjoyed." We saw evidence that this had taken place and that people were happy.

One person had brought their pet to live with them at the home and this was a point of discussion and interest for many people. During our observations we saw that a pet budgie was a point of discussion and also for people to have a chat with. One person said, "It is not normally quiet. I enjoy its company when some people prefer to have a snooze."

People's care plans had been reviewed regularly and changes had been made to people's care where this was required. An example of this was the provision of specialist beds to meet a change in people's care and support needs and appropriate aids to assist people with their movement around the home. One relative said, "The manager keeps in touch with us and is always checking that everything for [family member] is what they want. We can visit whenever we like, which is most days." A relative told us, "The service is amazing. If [family member] had any concerns they would tell us." We observed that reviews of people's care were completed with the person or their family.

One person said, "If I have any concerns the staff act swiftly. I can't ever recall a time when the (registered) manager was not able to sort things for me." A relative said, "If I had to complain I would just speak to (name of registered manager). I have never had to complain." We saw in the service user and staff meeting minutes that people, staff and management were given every opportunity to comment or raise concerns about anything to do with the running of the home. We saw that action had been taken to address concerns. An example of this was the changes made to the meal options available. The provider had up-to-date complaints policies and procedures and people were given a service user guide with details of how to complain if they ever needed to. People were given every opportunity to raise concerns, if they had any, about their care and action was taken where required.

Good

Is the service well-led?

Our findings

People and relatives we spoke with told us they knew who the registered manager was or who was in charge and that they saw them frequently. One person said, "I love to speak with the manager and staff alike they are all so good."

The home had a registered manager who had been in post since April 2014. We found that the registered manager had submitted notifications (A notification is information about important events the provider must tell us about, by law) to the Care Quality Commission when this had been required. Staff commented on how open and honest support had been since the new registered manager had taken up their post, that their door was always open and that any suggestion for improvement were considered. District nursing staff told us, "The home is excellent. The reason I say this is that the manager is so proactive."

Since our previous inspection in July 2014 there had been one safeguarding concern which had required to be notified to the Care Quality Commission. The registered manager had taken appropriate action and liaised with all authorities to ensure that action was taken to prevent the potential for recurrence. This showed that where poor practice had been identified that staff were supported to improve care standards in the home.

The registered manager told us the key challenges were ensuring they always kept as up-to-date as possible about the changes in the MCA and DoLS to support people and staff in the best possible way. Courses booked by the registered manager showed us that they were keen to increase their skills and knowledge to develop the service to its potential.

The registered manager told us that the visions and values of the home were putting people first; honesty and empowering staff to make sure the right standards were maintained and improved. All staff we spoke with confirmed this was the case. One person said, "There isn't anything they don't do for me." One staff member said, "I have worked at several care services and prefer Oakleigh. Each person is a person and not just someone to care for."

Records viewed and staff we spoke with confirmed that regular checks and audits were completed on areas including, but not limited to, people's medicines administration, health and safety and the quality of food. The home had received a rating of five from the food standards agency. Part of this assessment includes good management as well as high food and preparation standards. One person said, "They ask me if things are alright and if I am happy but I rarely have anything to complain about. The home and staff are just so good." We found that call bells were not included in regular checks. The registered manager told us that this would be added to future checks.

People told us that they felt that staff knew what they were doing, when they had to do it and how to put them first. One person said, "I know the lady in charge, she is nice and I see her nearly every day chatting with me and others." Staff told us they felt motivated and well led and that the home was a really good place to work. One staff member said, "I love coming to work each day. It is never a problem getting up and going to work. I find this a very rewarding place to be."

The provider's information return, and our observations, confirmed that the management team were kept up-to-date with current care practice. We found the registered manager supported staff to achieve their potential. This helped improve the quality of care and continually drive improvement. People were assured that they care they received was based on the latest information including those people with a disability. Evidence found during inspection confirmed that staff were following appropriate guidelines including those for people with a visual impairment.

Staff meeting minutes showed us that staff were supported to maintain a high standard of care. Staff were aware of their roles and responsibilities and how to escalate any issues to the registered manager or provider if required. These minutes also showed us that staff maintained and sought links with the local community including a transport firm, singers and pantomime performers. People benefited from improvements to their care as a result of good leadership.

People and relatives were provided with a variety of ways on commenting about the quality of the care provided. Relatives told us, "The (registered) manager and staff are always checking when we visit how things are for [family member] and if there is anything else they could do better or in a different way. They also said, "[Family member] has increased their independence since moving here and this is all down to the staff team." One person said, "I am regularly asked if everything is okay, which it is."

Good

Is the service well-led?

Information in policies and procedures was available for all staff. The registered manager and all staff told us that they were confident 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)