

Key inspection report

Care homes for older people

Name:	Oakleigh House Nursing Home
Address:	Oakleigh House Nursing Home Oakleigh Road Hatch End Middlesex HA5 4HB

The quality rating for this care home is:	two star good service
--	-----------------------

A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:
Jane Collisson	2 3 1 0 2 0 0 9

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

Document Purpose	Inspection report
Author	Care Quality Commission
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
Copyright	Copyright © (2009) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Oakleigh House Nursing Home
Address:	Oakleigh House Nursing Home Oakleigh Road Hatch End Middlesex HA5 4HB
Telephone number:	02084215688
Fax number:	
Email address:	
Provider web address:	

Name of registered provider(s):	Precious Healthcare Ltd
Name of registered manager (if applicable)	
Ms Abeeda Khan	
Type of registration:	care home
Number of places registered:	20

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	20

Additional conditions:
The maximum number of service users who can be accommodated is: 20
The registered person may provide the following category of service only: Care Home with Nursing - Code N to service users of the following gender: Either whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category - Code OP

Date of last inspection								
-------------------------	--	--	--	--	--	--	--	--

Brief description of the care home
Oakleigh Nursing Home is a home for twenty older people, some of who require nursing care. It is located in quiet residential area of Hatch End. The home has eighteen single bedrooms and one double room. There are ten en suite rooms with their own toilets, basins and showers, and an additional four assisted bathrooms. There is a large lounge on the ground floor, overlooking a large, pleasant garden. A first floor dining room is available which can be used a a quiet area or for visitors. The

Brief description of the care home

fees from from £850 to £950 a week.

The home was an existing service purchased by the current owners, Precious Healthcare Ltd, on 1st April 2009. The Registered Provider/Manager has management and social work qualifications. There is a team of nurses, support workers and ancilliary staff.

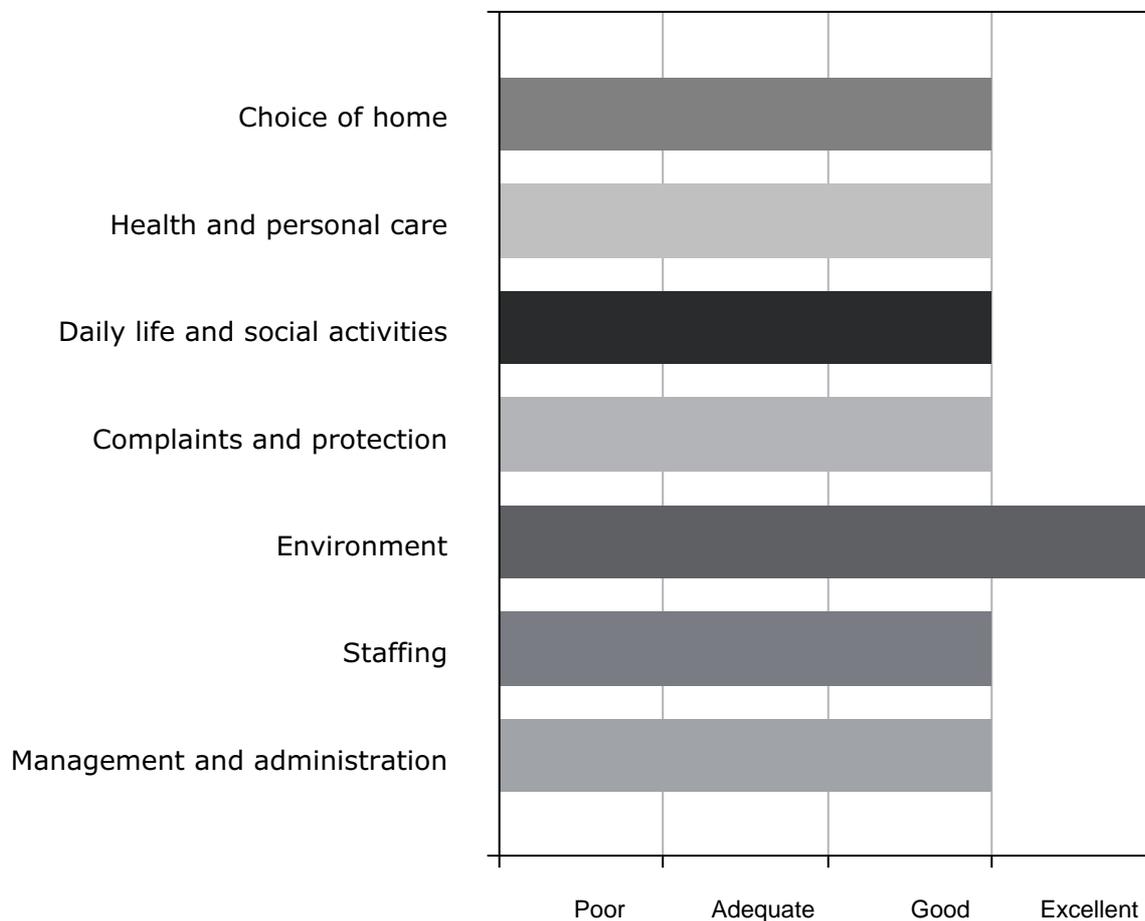
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

This unannounced inspection was carried out on the 23th October from 10am to 6pm. At the commencement of the visit, the Senior Nurse was on duty, with four of the care staff. The Registered Provider/Manager, who will be referred to as the Manager for the purposes of this report, arrived later in the morning. Shortly after we arrived we toured the home with the Senior Nurse and met the majority of the residents. There were eighteen people in the home at the time of this inspection. Some were still in their rooms, having breakfast, but the majority were in the main lounge. We found, during our visit, that people are aware of their choices and those who wish to stay in their rooms are able to do so.

We also observed the lunch time meal. There is a choice available and people said that they enjoyed it. There is a first floor dining room where some people go for the meals. Others have their meals in the lounge or in their rooms.

Visitors are able to visit at any time and we met with two visitors during the course of the day who were very complimentary about the staff and the home.

The home was an existing service but there are new owners and one of the Providers is the Registered Manager. In addition to the Senior Nurse on duty, there were four care staff, a domestic staff, cook and an assistant cook. The Manager said that there has been an increase in the number of staff employed since the home had been acquired.

A number of environmental changes had been made to the home and most areas have been redecorated and refurbished in the last six months, providing a comfortable and pleasant environment.

We examined records, including care plans, staff and training records, maintenance records, and the complaints file. The record keeping was found to be satisfactory. There have been no major changes to the paperwork in the home and some of this, such as the care plans, would benefit from being more person-centred. The Manager said that this will be addressed when the new Manager is in post in the New Year and she introduces new systems.

The Manager completed the Annual Quality Assurance Assessment after the inspection which gave us information about the management of the home, changes and future plans.

We have made a total of six requirements at this inspection which are detailed under "What the service could do better".

Overall, we found that the home is providing a very good standard of care and support for its residents.

What the care home does well:

People said that they were happy in the home and were appreciative of the staff. The visitors we met were very pleased with the care their relatives receive.

The home provides a comfortable and well maintained environment for the people living in the home. Improvements have been made to the environment and further ones are planned.

There is a choice of food, which people say they enjoy. The home is able to meet the cultural needs of people and respect their diversity.

Staff we spoke to were positive about the changes to the home.

What has improved since the last inspection?

This was the first inspection under the new management.

What they could do better:

People are provided with information about the home but the information on the needs that can be met should include the facilities for those who have dementia or other specialist needs.

We have made requirements regarding the medication administration and secure storage of the trolley. The staff need to ensure that there are regular audits of all of the medication.

Training for the nurses' professional development is being planned but the training for the Clinical Lead nurse should be given priority to ensure that she is up-to-date in all areas of her practice.

The fire risk assessment is required to be updated in line with current legislation and fire drills must be recorded.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

Contents

Choice of home (standards 1 - 6)

Health and personal care (standards 7 - 11)

Daily life and social activities (standards 12 - 15)

Complaints and protection (standards 16 - 18)

Environment (standards 19 - 26)

Staffing (standards 27 - 30)

Management and administration (standards 31 - 38)

Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are provided with information and documentation to help them to make a decision but this needs to be expanded to support people to make a more informed decision regarding the needs which can be met. People are able to visit prior to making a decision and have the opportunity for a trial stay. There are admission and assessment procedures in place.

Evidence:

We were provided with copies of the updated Service Users' Guide and Statement of Purpose. These contain details regarding the new Providers of the home, its staff and the most of the information required under the National Minimum Standards and Care Home Regulations 2001. However, some further information is required regarding the environment and how the specialist needs of people are met, particularly those who have dementia.

At the present time, eight of the eighteen residents in the home are privately funded.

Evidence:

The Manager said that she has not issued people with contracts or terms and conditions from her company, except for one person admitted since the change of ownership. She said that the terms remain the same. However, to ensure that people have the information about the company's fees, nursing charges and any additional charges, the contracts/terms and conditions should be those of the current management. The Manager informed us that this was being dealt with by her solicitor.

The home is registered as a nursing home for older people and not for those specifically with dementia. However, we found that a number of the residents do have dementia, in various stages, some of whom have developed this since being admitted to the home. We discussed this with the Manager, who said that she has refused some prospective residents with this diagnosis. However, she is considering the possibility of applying for a change of registration, to one for dementia care, in the future.

The home needs to demonstrate, in the Statement of Purpose, how the needs of people who have dementia are being met if they are to remain in the home. This needs to show that the staffing levels, environment and activities are suitable to meet the needs of people with dementia. Twelve of the staff have recently been on a basic dementia training course. At present there is no Activities Organiser, but the Manager is actively trying to recruit to this post. It is recommended that staff training, in providing activities for people with dementia, is sought to ensure that people's needs are being met.

The Manager said to assess prospective residents she and, one of the nurses, would visit people either in hospital, or in their own homes, and forms are available for completing the assessment.

The Service Users' Guide states that people are encouraged to visit the home prior to making a decision about being admitted and are admitted on a four week trial period initially.

The home does not provide Intermediate Care, so this National Minimum Standard was not assessed.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Detailed care plans are in place but are not person centred. People have access to good health care provision. Medication auditing procedures are not in place for all medications. People are treated respectfully.

Evidence:

We examined a sample of the care plans. The Manager said that she had not changed the style of the care plans since taking over the ownership of the home. We examined four care plans in detail. While there is information on the needs of people, particularly in relation to their health and personal care, it is limited in terms of personal information, such as personal histories. We discussed this with the Manager who said that she will be making changes when the proposed new Manager is in post and she will be using a new system of care planning.

The home has a retained general practitioner, who visits the home weekly. He is from a large practice and visits are also made by other general practitioners from the surgery. Staff said that they have a good service from the practice. People are able to retain their own doctors if they prefer and if this is agreed with the doctors. A general

Evidence:

practitioner visited on the day of our inspection and staff contacted relatives, as appropriate, to pass on information.

The staff confirmed that they had two people with pressure areas, both on heels, and they were treating these as appropriate. We were informed that one of these was acquired in hospital. There were no people in the home with pressure sores. Pressure relieving mattresses are available in the home where people might require these. The nurses said they have not had training recently in pressure area care and this should be considered as part of their professional development, particularly for the nurse who is the Clinical Lead. There had been a lack of training for the nurses under the previous management. The current Manager informed us that training on phlebotomy was being arranged for the nurses through the general practitioner. She is also in discussions with other nursing homes to pool training resources.

We looked at the home's medication administration, which is currently dispensed from packets and bottles. The Manager said that she will be looking at different systems in the future, such as a pre-packed blister system. The local pharmacy provides labels for each medication that is used and these are placed on the Medication Administration Record sheets (MAR) so that there is a printed record of the instructions. Additional medications, such as those from people being admitted, are hand written on the sheets until dispensed by the pharmacy. One person is self-medicating with inhalers and one person has oxygen.

There is a room available for the storage of the medication. The medication is dispensed from a trolley, which was not being secured to the wall as the hook was broken. This needs to be repaired or replaced.

It was not possible to check the stock of all of the medications. Although medication is booked into the home, and we saw the documentation to show this, there is not a regular audit. We did a check of some medication, where the dates of opening were shown, and the stocks were correct. However, for someone recently admitted to the home, the amount of medication coming into the home had not been recorded so could not be checked for accuracy. The paracetamol was given from stock and MAR were being signed. However, no records were being made as to the number given, one or two, so no stock check could be carried out. It was discussed with the nurses that it should be possible to carry out an audit trail of each medication, and regular monitoring of this must take place. They must, therefore, record whether they give 1 or 2 of the tablets of PRN "as and when" medications. The staff confirmed that there were no controlled drugs in the home at the time of the inspection.

Evidence:

We were informed that only the registered nurses give medication, although all of the staff were noted to have received training in July and August of this year. We found that the staff not using the "professional" type of lancets for diabetic blood tests and advised that these should be changed.

We found that people we spoke to, and their relatives, were very positive about the way people were treated. People said that they found the staff to be kind and treated them appropriately.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home recognises that activities could be more organised. People have choice about where to spend their time. There is a daily choice of menu which provides people with the food which they say they enjoy. Equality and diversity are recognised as being important and promoted through staff training and the meeting of religious and cultural needs.

Evidence:

The Manager said that she has been unsuccessful in her attempts to recruit a person to the post of a part-time Activities Organiser and has advertised three times for the post. However, she had a further application of the day of the inspection. The Annual Quality Assurance Assessment (AQAA) says that the Providers are aware that that activities could be more organised and say this will be the responsibility of the Activities Coordinator once the post has been filled.

We saw two family members on the day of the inspection and people confirmed that they are free to visit when they like. There are families who visit very regularly, including daily visits. The families were positive about the care provided.

People were seen to be able to choose where they would like to be in the home and

Evidence:

some choose to spend all their times their rooms. This includes having their meals in their rooms, which we observed.

On equality and diversity, the AQAA states "We encourage the faith of residents with religious backgrounds. Amongst our current residents we have Church of England, Roman Catholic and Jewish. Those who wish to actively pursue their religious beliefs are supported to do so. A Minister visits weekly on Mondays for Holy Communion and a Priest also regularly visits the Home for a number of patients". The home says that it is able to make provision for special dietary needs. Also, says that staff will be sent on future equality and diversity training. The Home says it "subscribes to a number of Care and Nursing Magazines these are made available to staff in order to keep them informed and updated about new legislation as well other innovations being implemented by other Homes and matters related to the Care industry".

We saw people being served breakfast, lunch and supper during the course of the day. A small number of people were having their breakfast between 10 and 10.30 in their rooms. Staff confirmed that they had hot drinks earlier in the day. The main meal of the day was fried fish, served with vegetables and either chips or mashed potatoes. There was an alternative of steak and kidney pie. We saw a liquidised diet and each part of the meal was served individually to make it more appetising for the person to eat. People are offered a choice of wine with their meals and there is sherry on Sundays.

The cook asks people, during the afternoon, what they would like for their evening meal and we saw that that people were offered a choice from both hot and cold meals. We were told that there is always soup, sometimes homemade, and a hot choice, such as the cheese omelette, or sandwiches. We observed the food being prepared and it looked appetising.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Complaints and safeguarding procedures are in place. People are supported to vote. Staff are trained in adult protection procedures.

Evidence:

There have been no complaints made since the new Providers took over the home. Details of the procedure are included in the Service Users' Guide and Statement of Purpose. People we spoke to said that they would feel able to complain if the need arose.

We asked the Manager about people being registered to vote and she said that the forms had recently been completed for the people in the home. As the Local Authority provides for people to be added throughout the year, it is recommended that people are added to the electoral roll as they are admitted.

We saw from the training records that all of the staff had safeguarding adults' training in the summer of 2009. One issue had been raised but was found to be unsubstantiated. Staff confirmed to us that they were aware of the procedures. The Manager was hoping to acquire some posters, from the Local Authority, to raise awareness of safeguarding issues.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home is very comfortable and homely. Redecoration and refurbishment have been extensive and the work is ongoing. Suitable bathing facilities are available. People are free to personalise their rooms as they wish. The home is maintained to a very good standard, and is very clean and fresh.

Evidence:

We found the home to be warm, comfortable and clean. The new owners have made many changes since April 2009 to the home's environment. These include a completely new commercial style kitchen. New sitting and dining furniture has been provided in the communal areas.

There is also a first floor dining room which could be used as a quiet area, to watch television, or meet with visitors. The large pleasant garden can be viewed from the large windows in the main lounge and the dining room.

There are sufficient bathing and toilet facilities for the people living in the home. Ten bedrooms are en suite with their own showers and there are four bathrooms for the residents. Two of the bathrooms have been completely refurbished to a very high standard since the new owners have taken over.

The home has a lift to all floors and assisted facilities in the bathrooms to support

Evidence:

people. The staff said that there are five people with pressure relieving mattresses to help prevent pressure sores developing.

New bedroom furniture and soft furnishings have been provided for the bedrooms since the Registered Providers took over the home. It is planned that some of the carpets will be replaced in the new financial year.

The majority of the beds have been replaced and the Manager said the remainder would be replaced shortly. The bedrooms were seen to be pleasantly furnished with people's own possessions in evidence. The curtains and bed covers had all been replaced and are of a good standard. The Manager said that people could personalise the rooms if they wished and we saw that people had done so. We were also informed that one person who wished to have their own chair in the room was able to do so. Rooms were very pleasant, and people had photographs, pictures, televisions and radios in their rooms.

We found the home to be very clean and odour free.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The staffing levels are sufficient for the level of support required. Care staff have been updating their training but continuing professional development for nurses must be a priority. Recruitment procedures are satisfactory.

Evidence:

The Manager provided us with a list giving details about the staff members, length of service, qualifications, and dates of leaving, where applicable. There were four permanent registered nurses and one bank nurse, fourteen care staff and five auxiliary staff working in the home. Eleven of the staff have been appointed since the change of ownership in April 2009. However, twelve of the staff have been in the home for more than four years, so there has been good continuity of care. The home has to use agency nurses at the present time, due to two staff leaving and sickness.

There were four care staff, and one nurse, on duty during the inspection, with one domestic staff the cook and an assistant cook. There are two staff at night, including one nurse.

The records showed that all of the staff have attended training for updates in manual handling, safeguarding adults, food safety, fire safety, medication and infection control in July or August of 2009. In addition, twelve staff attended a dementia course in September and key working in October 2009. The Annual Quality Assurance

Evidence:

Assessment, completed by the Manager, states that key working, with residents have a named key worker among the staff team, will be introduced. There has been training also in October for six of the staff in the new system for nutritional screening programme, which we were shown by one of the nurses. These had just been started.

50% of the care staff have achieved a National Vocational Qualification. Five of the staff have a NVQ at Level 2 and two have Level 3. One person is undertaking the qualification and three more have applied. We did not see the training and development records but the Manager said that these are completed.

Prior to the new management taking over there appears to have been little training in professional development for the nursing staff in the past. The Manager was aware that this has been a shortfall and said that she had started to address this and a course in phlebotomy was being arranged. The nursing staff we spoke to said that they try to keep updated with their practice. A requirement has been made under the health section of this report for training to continue to be made available in the near future, particularly for the nurse who is the Clinical Lead.

We examined a sample of five recruitment files. We saw that all of the staff have a Criminal Records Bureau disclosure and have been checked against the POVA 1st list. There was information available about the agency staff that the home was employing. We saw that one reference was not from the last employer and said that this is required, wherever possible. The Manager explained that this could not be obtained and she was advised to ensure that this information is recorded, together with the reasons.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The management staff have the skills and experience to manage the home. Staff are being supported through supervision and meetings. People are protected by regular health and safety tests being carried out. The show current needs have all been considered, the fire risk assessment is in need of updating.

Evidence:

The Registered Provider/Manager has both social work and management qualifications. As she does not have a nursing qualification, one of the senior nurses has been acting in temporary capacity as the Clinical Lead. The nurse has over 20 years' experience in nursing and has been at Oakleigh House Nursing Home for seven years. The Registered Provider has now appointed a new Manager, who is a registered nurse, and she will become the Clinical Lead for the home. It is planned that the person will take up the post in January 2009.

The Manager said that she tried to bring a more flexible and open ethos to the home. We found that the home had a pleasant and relaxed atmosphere. Staff were heard to

Evidence:

have a good rapport with the residents and the people we spoke to, including visitors, were complimentary about the staff.

We received the Annual Quality Assurance Assessment after the inspection and this has been comprehensively completed for us by the Manager. This provides us with an assessment of the home's management, how it has improved and how it intends to improve. Service user meetings are being held monthly. The Manager states that there will be a quality assurance survey carried out before Christmas and she intends to produce a report based on the responses. She says in the Annual Quality Assurance Assessment that once these surveys have been returned they will be used to inform service delivery improvements at Oakleigh.

Among the plans for improvement, the home has identified the changes, including the introduction of a key working system, monitoring systems to assess and review residents' progress, recruiting an Activities Coordinator, changing the medication system, changing care plans and revising the risk assessments currently used.

The Manager explained that the home does not manage money on behalf of the residents. Any expenses incurred, such as hairdressing, are passed to the person or their families for payment. It is explained in the Service Users' Guide that money cannot be held.

We saw a sample of the staff supervision records. The Manager informed us, after the inspection, that there were additional supervision records not filed which increased the number of sessions the staff had attended. Each staff member has a supervision contract with their line manager. The Manager said that she had held staff meetings every two months since taking over the home and will continue to do so.

The Annual Quality Assurance Assessment states that the policies and procedures were reviewed by the home in September 2009. We did not examine them fully on this occasion. The records are kept in the ground floor office which is used by both the Manager and the staff. There are no separate staff facilities.

We saw that the insurance certificate was displayed with an expiry date of 30th March 2010. The Care Quality Commission certificate was not displayed and the Manager said that she was waiting for the handy person to put it up in the hallway. However, it was noted that the certificate had the date of the new management as being 1st May 2009 when it should have been the 1st April 2009 and the Manager did not wish to display a certificate with the wrong date. This is being investigated.

Evidence:

We looked at a sample of the maintenance records. We saw that the electrical maintenance was carried out in July 2008, the Legionella testing was in December 2008, and the small electrical appliance testing was carried out in January 2009.

The lift was serviced in September 2009 and the hoists in November 2008. The Environmental Health Officers had last visited in May 2008 but the kitchen has since been upgraded.

Some of the water tests we saw showed that temperatures of 49 degrees centigrade had been recorded. These need to be maintained to be around 42 degrees for safety. The Manager informed us that a plumber attends as required to turn down the thermostat. It is advised that action is recorded in the maintenance book to demonstrate that this is complete.

We asked the Manager about the fire drills, which we could not see recorded. She said that drills are carried out when the fire alarms are tested weekly. She was advised that the drills, and staff participating, should be recorded as evidence that staff are familiar with the routines, including the night staff. The last two weeks of the weekly fire alarm tests were not recorded although the Manager said that they had been carried out.

The fire risk assessment we saw appeared to be based on the fire legislation prior to the 2005. The Manager was advised that she is required to have a risk assessment based on the Regulatory Reform (Fire Safety) Order 2005 which came into force in October 2006.

The emergency lighting is tested 6 monthly. We noted that the current nurse call system is very loud and sounds outside one of the bedrooms. The Manager said that a new system is to be installed.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	1	4	<p>The Registered Providers must ensure that the Statement of Purpose shows how the people's special needs are met, particularly those with dementia.</p> <p>The home must be able to demonstrate that it has the staffing levels, activities and environment to suit the needs of the people it admits.</p>	31/01/2010
2	8	18	<p>The Registered Providers must ensure that nurses are offered the opportunity for continuing professional development.</p> <p>To ensure that the nurses are up to date with their practice.</p>	31/01/2010
3	9	13	<p>The Registered Providers must ensure that the medication trolley is securely stored.</p>	31/12/2009

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
			To ensure that there are health and safety measures are in place.	
4	9	13	The Registered Providers must ensure that there are systems to undertake regular audits of the medication. To ensure that medication is correctly administered.	31/12/2009
5	38	13	The Registered Providers must ensure that all of the fire drills are recorded. To help to protect the residents, staff and visitors.	31/12/2009
6	38	23	The Registered Providers must ensure that there is fire risk assessment in accordance with the Regulatory Reform (Fire Safety) Order 2005 which came into force in October 2006. To ensure that people are protected by the fire precautions.	31/12/2009

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	2	Contracts/terms and conditions which reflect the new

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
		Providers fees, additional charges and facilities should be issued to the residents.
2	3	That staff are trained in providing activities for people who have dementia to ensure that their specific needs are being met.
3	7	That the care plans are updated with a more personalised style of care plan which is compiled with the person receiving the support or their representative.
4	27	That the reasons for not obtaining references from a previous employer are recorded.

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

Copyright © (2009) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.