Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Oakleigh House Nursing Home

Oakleigh Road, Hatch End, Harrow, HA5 4HB

Tel: 02084215688

Date of Inspection: 02 March 2013

Date of Publication: April 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✗ Action needed
Meeting nutritional needs	✓ Met this standard
Cleanliness and infection control	✗ Action needed
Management of medicines	✗ Action needed
Safety and suitability of premises	✓ Met this standard
Supporting workers	✓ Met this standard
Records	✗ Action needed

Details about this location

Registered Provider	Precious Health Care Limited
Registered Manager	Ms. Abeeda Khan
Overview of the service	Oakleigh House Nursing Home is registered to provide accommodation and nursing care to 20 older people. At the time of the inspection there were 18 people living at the home.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 2 March 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

During the inspection we talked with three people using the service, two relatives and four members of staff to obtain their views about the service.

People were generally satisfied with the care and support they received in the home. Their relatives were also content that they were being cared for and treated appropriately. We however, found that people's needs were not always assessed in a timely manner to ensure their needs were identified and for care plans and risk assessments to be developed to address their needs.

We found that the service provided equipment to ensure people received the appropriate treatment when they had pressure ulcers. On a few occasions, people who had pressure ulcers were seated for more than two hours. This could prevent current pressure ulcers from healing or put people at risk of developing new pressure ulcers.

People were supported with their healthcare needs and referred to healthcare professionals according to their needs. However, we found that the arrangements to manage their medicines were not effective to protect them against risks associated with medicines.

Records were not always kept accurately to demonstrate that people received safe and appropriate care. For example fluid balance and turning charts were not completed in a consistent manner to confirm that people were receiving safe and appropriate care.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 10 April 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who use the service were given appropriate information and support regarding their care and treatment. People told us staff explained their care and asked for their choices before providing care to them. Relatives who spoke with us said that when their family members were admitted, they were given information about their needs and how these were to be met. They reported they also attended review meetings with the local authority and were informed when there were changes in their family members' needs.

When we looked at the care records of three people we found that people or their relatives had not always signed their care records or risk assessments to show that they had been involved when these were developed or reviewed.

People were supported to make choices and to maintain their independence. We saw that people could choose how they spent their time in the home. Some people preferred to stay in their rooms and they said they only came out when they wanted to take part in activities. These wishes were respected by staff. People also told us staff came daily to ask them about their meals and that if they did not like a particular meal then other options were offered to them.

People told us they were respected by staff and that their privacy and dignity were promoted. We noted that people had their call bells when they were seated in their rooms so they could call for assistance if that was needed.

People were satisfied that their cultural and social care needs, were taken into account when care was delivered. We noted that the cultural and spiritual needs of people were recorded in their care plans. Where people had specific dietary needs, we noted that these had been assessed and arrangements were in place to meet these needs.

Care and welfare of people who use services ✖ Action needed

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was not meeting this standard.

People did not always experience safe and appropriate care and treatment because their needs were not always assessed in a timely manner and care and treatment was not planned and delivered according to their assessed needs.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People told us they were happy with the way they were cared for and supported. One person said "it is not home, but it is quite nice here". A relative said "we are very happy that we have chosen this home for [our family member] and they are always clean and appropriately dressed when we visit".

When people were admitted to the home their needs were not always promptly assessed and recorded so that care and treatment could be planned and delivered in line with their individual care plan. We saw that a person, who had been admitted three weeks prior to the inspection, had not had a full assessment of their needs. Comprehensive care plans were still being developed to meet their needs. Risk assessments had also not been fully carried out to ensure their safety and that of staff. For example bed rails, falls, manual handling and nutritional risk assessments had not yet been carried out.

A few people in the home had pressure ulcers. We saw that where required people were cared for on pressure relieving equipment and were referred to the GP or the tissue viability nurse for advice about managing the pressure ulcers. Records were kept about the advice given by the relevant healthcare professional. We noted that a healthcare professional had advised that a person should only be seated in their chair during meal times to enable their pressure ulcer to heal. We saw on the day of the inspection that the person had been sitting in their chair from about 10.30am to about 5pm. When we asked why the person was sitting out for so long the nurse on duty told us that the person's relatives were visiting them. We looked at records of checks that were made on people. These confirmed that the person had been sitting from 10am to at least 4pm on their chair everyday for the five days prior to the inspection. We therefore found that the advice given by healthcare professionals were not being followed and that the person was being placed at risk of poor care. It is well documented that the National Institute for Health and Clinical Excellence (NICE) had advised that people at high risk of pressure ulcers or with existing pressure ulcers should not be sitting out for more that two hours as this could place people at increased risk of developing pressure ulcers or for existing pressure ulcers to deteriorate.

Another service user, who had been admitted about three weeks prior to the inspection, had developed a new pressure ulcer on their sacral area. We found that care plans were not in place about how to manage the pressure ulcer and there was no clear guidance about repositioning the person to provide pressure relief. They were also found sitting in their chair from about 10.30am to about 1.30pm.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People's food and drink met their religious or cultural needs but some of the meals that were provided to people were not presented in a suitable manner.

The home had a menu which provided people with a variety of meals from which they could make choices. All people who gave us feedback said they enjoyed their meals. Relatives also confirmed that their family members received appropriate meals.

Some people in the home needed to have their meals pureed because they had a swallowing impairment. The provider might find it useful to note that the pureed meals were served mixed up together in a soup bowl. irrespective of people's individual needs. Therefore people who were on a pureed diet did not have an opportunity to see the various constituents of the meals on their plate and taste each of them separately, to make eating as pleasant an experience as possible.

People were supported to be able to eat and drink sufficient amounts to meet their needs. During meal times we observed that staff took the time to support people who could not eat. They made sure people ate their meals without rushing them.

Cleanliness and infection control ✖ Action needed

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was not meeting this standard.

The provider did not operate effective systems to protect people and staff against the risks of exposure to health care associated infection.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The home was clean and there were no odours. Staff told us that they have had infection control training.

During our tour of the premises we saw at least eight creams that were partially used in one of the bathrooms. There were no labels or names on them. There were also about six partially used bars of soaps, some of which were stored together in a soap dish. Staff could not tell us who the owners of the creams or soaps were. There was therefore a possibility of people sharing these which could increase the risk of cross infection.

There were some people in the home who had diabetes and needed to have blood sugar testing. Staff showed us the lancing device that they used to draw blood for the blood sugar testing. On the lancets (the needles that fit in the lancing device) box was clearly written "For use by an individual self-testing only". This meant that staff were not using the right lancing device to draw blood when people's blood sugar needed to be monitored and were putting them at risk of exposure to health care associated infection (see Medical Device Alert MDA/2006/066).

Management of medicines ✖ Action needed

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was not meeting this standard.

The provider did not have appropriate arrangements in place to manage medicines to ensure people were protected against the risks associated with medicines.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The provider had arrangements in place to manage medicines but these were not effective to ensure people were protected against the risks associated with medicines.

The medicines administration records (MAR) charts were signed when people received medicines. Codes were used where required to describe the reasons when people did not receive their medicines. We found that the quantity of medicines received for at least two people was not recorded to provide an audit trail. In a few cases the quantity of medicines received for the same person was also not consistently being recorded. As a result the arrangements to manage medicines that were received in the home were not appropriate.

We checked the quantity of five medicines that were being given to people and noted that this did not balance with the quantity that should be in stock. This meant that medicines were not being given to people as prescribed. In one case a medicine was not entered on a MAR sheets but was being given to a person. For a person we found that a new supply of their medicines was not ordered so they did not run out of the medicines. According to the MAR sheets some of their medicines were supplied for 14 days but were still in stock on the seventeenth day (the day of the inspection). One box of medicines also contained medicines from two different brands which meant medicines from two boxes were mixed together and one of them was not being administered from the box in which it was dispensed. This meant that people were not receiving the medicines that were prescribed for them so they received the treatment as planned by their doctor.

In cases where a variable dose of a medicine was prescribed we noted that the quantity of the medicine administered was not recorded to monitor the amount of the medicine the person received and to assess the effectiveness of the medicine in managing the person's condition.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained.

Reasons for our judgement

The home was maintained and provided comfortable accommodation to people. The home was warm and fixtures and fittings were in good order. People said they liked their rooms and were able to bring their pictures, items of decoration and some items of furniture to personalise their rooms. Visitors also said the home provided a pleasant and homely environment to people.

The provider might it useful to note that we found a few issues with regards to the premises. During a partial tour of the home we saw a broken socket/connection box on the ground floor. We also saw that the door handle of the bathroom door on the ground floor was broken and the locking devices on this door and the door of the first floor bathroom were also not working properly. This meant the doors could not be locked to ensure the privacy of people using these facilities.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

Staff received training and were supported to deliver care and support to people.

Reasons for our judgement

Staff received appropriate professional development. Two new members of staff told us they had received an induction when they started to work in the home. They said they worked three shifts each where they shadowed more senior staff. They all confirmed they had received training in areas such as manual handling, food hygiene, safeguarding adults and infection control.

Staff confirmed they also received supervision with the manager when they could discuss their work in the home, the care of people and concerns, if they had any. Staff meetings were also arranged and we saw minutes of the last staff meeting that was arranged in December 2012. Staff discussed issues such as the appearance of people who used the service, training and activities for people.

People told us the staff were familiar with their needs and knew what they needed to do to meet heir needs. The provider might find it useful to note that two people we talked with reported that they were very happy with their care but sometimes they were rushed as some staff did not understand that they could not do things as fast as when they were younger. One of them said "they should be trained to understand that we cannot do things fast" and the other told us "staff could learn by experiencing what it is like to be old".

Records ✖ Action needed

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was not meeting this standard.

People were not always protected against the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not being maintained.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Some of the records that the provider kept were accurate and appropriate to demonstrate the care that people received. Other records were however not that accurate to protect people against the risks of poor or inappropriate care.

The daily records kept for people were detailed and described the care people received. This provided information about the personal care people received, the meals they had and how they spent their day in the home. Other records were however not kept so well. For example fluid balance charts were not completed consistently and a record of the daily total of fluid intake and output was not calculated to determine the overall amount people had to drink and to ensure they did not become dehydrated. We found that there were days and parts of days when fluid balance charts were not fully completed.

Turning charts for people who had pressure ulcers or who were at risk of pressure ulcers were also not consistently completed to show that people were being turned according to their care plans to prevent pressure ulcers from developing or to promote their healing.

We looked at the records of the weight of people and found that there were concerns about the accuracy of these records. We noted that five people had the same exact weight in December 2012, January and February 2013. Five other people had the same weight in January and February 2013. We found that it is improbable that ten people who lived at the home for the past two months would have exactly the same weight during two consecutive months. As a result people's weight might not have been monitored accurately to ensure their safety and welfare.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010** **Care and welfare of people who use services**
	How the regulation was not being met: People did not always experience safe and appropriate care and treatment because their needs were not always assessed in a timely manner and care and treatment was not planned and delivered according to their assessed needs. Regulation 9 (1)
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010** **Cleanliness and infection control**
	How the regulation was not being met: The provider did not operate effective systems to protect people and staff against the risks of exposure to health care associated infection. Regulation 12(1) (a, b,c)
Regulated activities	Regulation

This section is primarily information for the provider

Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010** **Management of medicines**
	How the regulation was not being met: The provider did not have appropriate arrangements in place to manage medicines to ensure people were protected against the risks associated with medicines. Regulations13.
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010** **Records**
	How the regulation was not being met: People were not always protected against the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not being maintained. Regulation 20(1)(a).

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 10 April 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk