

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

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Management of medicines	✓	Met this standard
Records	✓	Met this standard

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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Care and welfare of people who use services	6
Cleanliness and infection control	8
Management of medicines	9
Records	10
About CQC Inspections	11
How we define our judgements	12
Glossary of terms we use in this report	14
Contact us	16

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Oakleigh House Nursing Home had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Cleanliness and infection control
- Management of medicines
- Records

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 May 2013, observed how people were being cared for and talked with staff. We reviewed information we asked the provider to send to us, talked with other authorities and took advice from our specialist advisors.

What people told us and what we found

This visit was to check that the provider had undertaken the actions they said they would complete after our previous visit on 2 March 2013. We spoke with several members of staff who informed us of changes made to the systems used in the service to ensure people's safety and welfare, and observed care being provided in line with the changes and with dignity and respect for people using the service. Staff also told us about changes in their responsibilities, and we saw records of checks confirming these.

We found that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. All care plans had current assessments for the person's health needs, including the risk of falls, pressure care and mobility. We saw that people's wound management plans were accurate and reflected current guidance.

People's medicines were managed to ensure they received the correct medicines at the right time, in the manner prescribed by their doctors. We found that records were maintained accurately and consistently.

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

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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who used this service experienced safe and effective care and treatment that met their needs and protected their rights.

Reasons for our judgement

Our inspection of 2 March 2013 found that the planning of care did not always meet people's needs, and their needs were not always assessed in a timely manner. As a result there was a reasonably foreseeable risk that people were not protected from the risks of poor care and treatment, and that the treatment they received did not meet their needs. The provider wrote to us and said they would implement a system to check that people's needs had been properly assessed within 48 hours of admission. They also said they would include a wound management section in each resident's file, detailing repositioning guidance, equipment used, location of the wound, pain relief and other agency's input. They said they would do this by 9 April 2013.

During our visit on 2 May 2013 we found that the system had been implemented. The provider had developed an admission checklist for the admitting nurse to complete within 48 hours of admission, and the registered manager told us she had started a two-week file audit cycle to ensure these were completed appropriately. We saw records documenting that these checks had taken place.

We checked four resident's files during our visit. Each contained appropriate risk assessments for falls, manual handling, bed rails and nutrition. This meant that people's needs were properly assessed to help them to keep safe.

In the files we checked we also found the section for wound management had been included. These were comprehensive and included details of the wound, medication and dressings, repositioning guidance and completed records for repositioning, and guidance from other medical professionals. Each wound management plan contained bi-weekly photos of the pressure sore to assess and document the effectiveness of treatment, and we saw records of consultation with a Tissue Viability Nurse.

During our visit we observed that the wound management plans were being followed by staff. We saw people being repositioned according to their plan, and we saw appropriate dressings and medication in the medication trolley. Staff also described their role in

managing pressure sores, which was in line with guidance from the National Institute for Health and Clinical Excellence (NICE).

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

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

Our inspection of 2 March 2013 found that the provider did not operate effective systems to protect people using the service and staff from the risk of healthcare-related infections. The provider wrote to us and said they would start requiring all residents to keep their toiletries and creams in their own rooms, in their own washbags. The provider also told us they would provide individual blood sugar level testing kits for people with diabetes by 9 April 2013, using the appropriate type of lancet for testing by staff as outlined in Medical Device Alert MDA/2006/066. The MDA/2006/066 is a safety warning over the use of lancing devices such as, blood sugar level testing kits, in nursing homes and care homes.

During our visit of 2 May 2013 we found that each resident kept their own washbag in their ensuite, with their own creams, soaps and other toiletries. Each washbag and each item inside was clearly labelled with the resident's name. One member of staff we spoke with told us the washbag was always returned to the person's room after support with a shower or bath. We checked the bathrooms during our visit and saw that they did not contain any creams or soaps for use by residents. This meant that the risk of cross-infection by using unlabelled soaps and creams was reduced.

We checked the blood sugar level testing kits for each patient with diabetes, and records of tests undertaken. Each resident with diabetes had their own individual testing kit, with the appropriate lancets for testing by staff. We saw that the tests were properly recorded so that the patient's blood sugar level could be monitored and appropriate action taken.

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

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Our inspection of 2 March 2013 found that the provider's arrangements to manage medicines were ineffective, and may increase the risk of harm. The wrote to us and said they would review medication administration and recording procedures within the service, speak to the staff about their practices, and implement a weekly checking system of all medicines. They said this would be done by 9 April 2013.

We visited on 2 May 2013 and found that the medication administration and recording procedures had been reviewed, and saw documentation that this was discussed at a nurses' meeting. Each nurse responsible for administering medication had signed a statement of their responsibilities. The registered manager told us that one nurse had not agreed to sign, and so was not allowed to work until this could be resolved.

During our visit we checked through the medication trolley and found that people's medicines tallied properly with the Medication Administration Record (MAR) sheets, reducing the risk of people receiving incorrect dosages or the wrong medicines. We also found that all medicines were in their correct containers, and stored separately within the trolley to minimise confusion. The registered manager informed us that all staff would be attending medication administration training scheduled for 10 May 2013.

We viewed records of weekly medication audits, completed by a senior nurse and checked by the manager. This meant that systems were in place to protect people from the risks associated with taking incorrect medicines or the wrong dosage.

Records

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

Our inspection on 2 March 2013 found that some records kept by the provider were inaccurate and did not correctly reflect the care and treatment received. We judged this to have a moderate impact on people receiving support. The provider wrote to us and told us they would implement a system of checks, to ensure records were completed in a timely manner by the nurse undertaking the care. The provider also told us the service would purchase a new weighing machine to ensure people's weights were correctly determined and recorded. They said they would do this by 9 April 2013.

During our visit on 2 May 2013 we checked through records, particularly fluid intake and repositioning to reduce the risk of pressure sores, and found that these were completed thoroughly and correctly. We saw records documenting that the Clinical Lead had checked these regularly.

We found that the provider had purchased a new weighing machine, and saw records documenting people's weights were completed in full and without discrepancies. This meant that people's weights could be appropriately monitored for their safety and welfare.

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.

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