

Valorum Care Limited

# Oakhaven Care Home

## Inspection report

213 Oakwood Lane  
Leeds  
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27 April 2021  
07 May 2021  
14 May 2021

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Oakhaven Care Home is a residential care home, providing personal care to 16 people aged 65 and over at the time of the inspection, some of whom may be living with dementia. The service can support up to 24 people.

### People's experience of using this service and what we found

People and their relatives told us they and their loved ones felt safe. They said they were supported by staff who knew them, and with whom they had or were developing good working relationships. Enough staff were deployed to meet people's needs and keep them safe. Accidents and incidents had been documented, with action taken to prevent a reoccurrence. Staff had received training in safeguarding and knew how to identify and report concerns. People received support to manage their medicines by staff who had been trained and assessed as competent.

We found consent was discussed with people and their relatives; this was clearly documented in care plans. The service had a clear management system in place. Staff, people and relatives spoke overwhelmingly positively about the registered manager and the support they provided. The registered manager was reported to be open, honest, caring and approachable. A range of systems and processes were used to monitor the quality and effectiveness of the service.

Overall, appropriate risk assessments were in place for people. However, some skin integrity assessments and risk management plans were not consistently recorded, and bathing records did not evidence when and why people had refused these.

We have made a recommendation in the 'safe' section of the full report about some areas of people's care plans.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 16 August 2019) and the provider was in breach of regulations relating to safe care and treatment, need for consent and good governance.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We inspected due to concerns shared with us. As a result, we undertook a focused inspection to review the

key questions of safe and well-led only.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Oakhaven Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Oakhaven is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The first day of the inspection was announced. The second day of the inspection was unannounced. Inspection activity started on 27 April 2021 and ended on 14 May 2021. We visited the service on 27 April and 7 May.

#### What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We also sought feedback from the local authority. We used all this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with four members of staff on site this included the registered manager. We spoke with 10 relatives off site.

We reviewed a range of records including medication records, staff files in relation to recruitment and induction and five people's care records. We also looked at a variety of records relating to the management of the service, including policies, procedures, training data and quality assurance records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found such as, quality assurance records and recruitment files. This was provided within the requested timeframe.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

At our last inspection we found the provider had failed to assess and mitigate risks to the health and safety of people who use the service. We also found the provider did not fully understand Mental Capacity Act (MCA) and consent was not in place in care plans. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11 and 12.

- We found all building work which was in progress at the last inspection had been completed and relevant risk assessments were in place.
- We found all communal bathrooms clean with appropriate cleaning rotas in place.
- The laundry room was clean and clear, and clothes were in separate boxes to ensure no cross contamination.
- There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped ensure themes or trends could be identified and investigated. It also meant any potential learning from incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.
- We found appropriate risk assessments in place for people in relation to moving and handling and bed rails. However, some skin integrity assessments and risk management plans were not consistently recorded, and bathing records did not show when and why people had refused these. The registered manager told us this would be addressed straight away.

We recommend the provider review these records to ensure they fully reflect people's needs, in line with their internal policies and procedures.

- The registered manager had completed a course in relation to mental capacity and implemented this learning to all staff. Care plans showed consent and MCA assessments, were documented and reviewed.
- We spoke with relatives in relation to people's risks. One relative said, "[name of person] doesn't like to have a bath/shower, now [name of person] has been having these at Oakhaven." Another relative said, "[name of person] skin is checked regularly by staff. I have no concerns."

Preventing and controlling infection;

At our last inspection we found the provider had not managed to assess and prevent the spread of infections effectively. At this inspection we found improvements had been made and was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- Staff had received training in infection control and the safe use of PPE. Relatives told us staff had been remarkable throughout COVID 19. One relative said, "I am so grateful to the staff they keep everyone safe."

#### Staffing and recruitment

- Staff were recruited safely. Pre-employment checks were completed to ensure applicants were of suitable character to work with vulnerable people. This included completing checks with the Disclosure and Barring Service and seeking references from previous employers.
- There were enough staff in the home to support people. One member of staff said, "Yes there is enough staff to support people here."
- Relatives told us there were enough staff. One said, "There are always people around from our experience of visiting there. When [name of person] rings the bell, staff come straight away. They are really good like that." Another relative said, "Yes, I do feel there is enough staff that's something that's impressed me."

#### Using medicines safely

- Medicines were stored and managed safely.
- Medicines were kept in a locked room and daily checks of storage temperatures were recorded.
- Information sheets including a photograph of the person and how they liked to take their medicines were available alongside the person's medication administration record.
- There were protocols in place for administering 'as required' medicines.
- Where people needed their medicines at specific times staff used an alert to ensure they were always given on time. One staff member said, "We use an alarm to ensure we always give these specific medications on time."

#### Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt their loved ones were safe. One person told us, "The staff are very good, very helpful. I am happy here and I would describe it as salubrious" A relative said, "Yes, [name of person] is safe. I like the staff; I know they are well cared for." Another relative said, "The staff treat people with respect. When I have visited they always knock on doors before entering."
- Staff were provided with training in safeguarding and knew how to identify and report concerns.
- The home used a log to record any safeguarding concerns, all of which had been reported in line with local authority procedures.
- We observed staff knocking on people's doors before entering.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection systems were either not in place or fully embedded to demonstrate safety and quality was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities).

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider and registered manager used a range of audits and monitoring systems to assess the quality and performance of the service and support provided. We found these were robust and had been used to generate actions and drive improvements. The registered manager showed us where they had minimised falls by analysing incident records.
- The provider and registered manager understood their regulatory requirements. The previous inspection report was displayed within the service and online. Relevant statutory notifications had been submitted to CQC, to inform us of things such as safeguarding and deaths.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider were aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. People had no concerns about the openness of the service or its staff.
- Relatives and staff were part of an online messenger service group to ensure effective communication was maintained. One staff member said, "We are all kept up to date of what is happening in the home." A relative said, "Yes they keep me informed."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We found the service to be an inclusive environment. People's views were captured through ongoing discussion about their care and support and planned reviews

- People and relatives were complimentary about the service and its impact. One relative told us, "The manager is superb, and every single member of staff is excellent." Another relative said, " When I was having a difficult time the manager expressed concern for me also which was very nice."
- Staff also spoke positively about the service and said they enjoyed working there. Comments included, "I love my job, I care for all residents, make sure their needs are met." And, "I love it here it's a family unit. manager is amazing, supportive, any concerns I can call her."
- The provider was in the process of sending out a survey to people, relatives, staff and professionals.

#### Working in partnership with others

- We noted several examples of the home working in partnership with other professionals or organisations to benefit people using the service. These included support from faith groups and local communities.