

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

Oak House Residential Home

Pond Lane, Greetham, Oakham, LE15 7NW

Tel: 01572812647

Date of Inspection: 26 April 2013

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We inspected the following standards as part of a routine inspection. 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
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Oak House Residential Home Limited
Registered Manager	Mrs. Deborah Dalby
Overview of the service	Oak House is a care home without nursing. The service provides care and support to a maximum of 25 older people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 26 April 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke with four people who used the service. They told us they liked living at Oak House. One person said " I like it here they are all friendly". Another person told us " I can talk to any of the staff, they are very good". There was a range of social and recreational activities on offer. One person told us they did at times get bored.

We observed staff interacting with people who used the service in a friendly and appropriate way. People appeared relaxed and were able to make choices about the way they received care and support.

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 experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at care records for three people who used the service. People had their needs assessed before they moved in. There was a care plan in place for each assessed need. Risk assessments and risk management plans were also in place. Staff reviewed and made any necessary changes on at least a monthly basis. We saw that healthcare professionals such as GP's and community nurses were consulted for advice and guidance.

People had their risk of malnutrition assessed. The provider and staff worked hard to ensure that people had their nutritional and hydration needs met. Catering staff were extremely knowledgeable about people's nutritional needs and preferences.

We spoke with four people who used the service. They told us they liked living at Oak house. One person said "it's very pleasant indeed. Another person said "It's a very happy atmosphere; we all get on well together". People told us about the things they did for social and recreational activity. They told us they were offered choices and had control over their lives.

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 protected from the risk of infection because appropriate guidance had been followed.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. The provider had policies and procedures in place about infection control. We spoke with a member of staff about the procedures they followed. Staff had access to policies and procedures. Protective equipment such as gloves and aprons were always available. Procedures were in place for the correct disposal of waste and these met with regulations. Staff knew about the importance of hand washing. Alcohol hand gel was in place in the reception area and people visiting the home were asked to use this before entering.

The provider used a contract cleaning company. The manager told us about the cleaning schedules they followed. Areas of the home were deep cleaned on a regular basis. The manager knew the procedures to follow in the event of a suspected communicable infection. They told us that this was a rare occurrence at Oak house, in particular since the engagement of the contract cleaning company.

People who used the service had their own equipment and equipment used communally was kept to a minimum. This reduced the risk of cross contamination.

We spoke with four people who used the service. They told us the standards of cleanliness were high. One person said "the home is spotlessly clean". All areas of the home seen appeared clean and fresh.

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

Appropriate arrangements were in place in relation to managing medicines. Medicines in use were stored securely in people's own rooms. At the time of our visit nobody was self administering their medicines. The manager told us that this could be accommodated subject to risk assessment.

There was a separate locked fridge for medicines that required refrigeration. At the time of our visit there was no 'controlled medicines' in use. Therefore we were unable to check compliance in this area. We looked at medication administration records. Records were accurate and up to date. Medicines were counted after each administration and a running total maintained. This system was used as part of medication administration audits.

A staff member responsible for the management of medicines was selected for each shift. Only staff who had received training and had been assessed as competent were given this responsibility. We looked at training records and competency assessments.

The provider had policies and procedures in place about the management of medicines. We spoke to a staff member about the actions they would take in the event of a medication error. The staff member was knowledgeable and aware of the correct procedure to follow.

We spoke with four people who used the service. They told us they received the medicines they required and at the right time.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place. We spoke with the manager about recruitment processes and looked at staff files for two staff.

Appropriate checks were undertaken before staff began work. We saw that each member of staff had two written references. The provider had checked each staff member with the disclosure and barring service. Pre employment checks are important so that only people suitable to work with vulnerable adults are employed.

We spoke with a staff member about the recruitment process. They told us about the process and confirmed they had been asked to supply referees and had been interviewed for the position.

We spoke with four people who used the service. They told us they liked the staff employed. One person said "they are all very good".

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. We looked at care records for four people who used the service. Risk assessments were in place for all identified risk. Management plans were also in place so that risk was minimised.

The manager told us about the processes in place for monitoring the quality of service provision. Audits were carried out for care records, medication management and for the environment. A health and safety check of the premises was booked to take place shortly after our inspection. The provider employed a staff member to attend to maintenance and safety checks. We looked at records and saw that these checks were being carried out.

Satisfaction questionnaires were sent out to people who used the service and to relatives annually. We spoke with four people who used the service. They told us that they could speak to staff about any concern or issue and felt they would listen and take appropriate action.

People told us they were not asked for feedback about the quality of service provision. The provider told us about 'residents meetings' the last one was held in October 2012. Staff used a care plan review form designed to involve and include the views of the person who used the service. We found that this form had not been completed for two people who used the service. The manager told us about their plans to introduce an in-depth review that would involve the person who used the service. The provider may wish to note that in order to remain compliant with this standard; they must regularly seek the views of people who use the service about their experience of service provision.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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