Review of compliance

Caring Homes Healthcare Group Limited Oak Manor Nursing Home	
Region:	East
Location address:	Scarning Dereham Norfolk NR19 2PG
Type of service:	Care home service with nursing
Date of Publication:	August 2012
Overview of the service:	Oak Manor Nursing Home is a residential home proving support to older people living with dementia. Oak Manor is registered to provide the regulated activities of 'accommodation for people requiring nursing or personal care', 'diagnostic and screening procedures' and 'treatment of disease disorder or injury'.

Summary of our findings
for the essential standards of quality and safety

Our current overall judgement

Oak Manor Nursing Home was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 3 August 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

As we were unable to communicate directly with people living at the home, we spent some time observing the care and support being provided.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. Our findings demonstrated that staff were kind, encouraging and reassuring to the people they were caring for.

What we found about the standards we reviewed and how well Oak Manor Nursing Home was meeting them

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was meeting this standard. People experienced care, treatment and support which met their needs and protected their rights.

Outcome 05: Food and drink should meet people's individual dietary needs

The provider was meeting this standard. People were protected from the risks of inadequate nutrition and hydration.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

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

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The provider was meeting this standard. People were cared for by staff who were supported to deliver care safely and to an appropriate standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider was meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people received.

Other information

Please see previous reports for more information about previous reviews.

What we found for each essential standard of quality and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 04:
Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
As we were unable to communicate directly with people living at the home, we spent some time observing the care and support being provided.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. Our findings demonstrated that staff were encouraging and reassuring to the people they were caring for.

On one occasion, we saw that a person had begun to wipe their mouth with their skirt. A member of staff immediately noticed this and attended to the person, helping them to wipe their mouth appropriately. The member of staff then spent some time with them reading a magazine.

We also observed staff assisting people to go to the toilet by transferring them to wheelchairs using a hoist. We saw that staff were attentive and communicated well to the person being lifted.

On other occasions, we saw staff members encouraging people to eat and drink their afternoon tea and biscuits and engaging them in general conversations. People had newspapers and magazines to read and had been given various objects to hold, such as knitted items and cuddly toys.

Other evidence

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care files reviewed showed that there was information about people's current and past medical history. We found that individual assessments had been carried out and these were then used to develop people's individual care plans. These plans were reviewed regularly and record keeping was clear. We asked staff how they kept up to date with people's changing needs and were told that they regularly reviewed care plans and that senior staff members would communicate changes. We saw that multidisciplinary team meetings were held to discuss the care needed for each individual person living at the home and the manager told us they attended regular best practice meetings to ensure peoples' care reflected relevant guidance. This demonstrated that care and support was assessed, planned and carried out in accordance with people's individual needs.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare were protected. We noted from our review of care plans that individual risk assessments were in place. These assessments took into account risks relating to people's skin condition and pressure sores, nutrition and falls. These assessments ensured that staff were aware of how to minimise risks for the people living at Oak Manor.

We saw evidence that people were kept engaged through a stimulating programme of activities. For example, people had been involved in fetes, the activities co-coordinator had arranged for a local zoo to bring animals to the home, a valentine's party had been held and various one to one activities had taken place. During our visit we saw staff members engage people on a one to basis with board games.

We also saw work had been undertaken at the home to ensure people were cared for in an environment that met their welfare needs. For example, we saw that areas of the home had been decorated to reflect pastimes people living in the home would be familiar with. There was a post office area, train station and a number of life size red phone box pictures attached to walls. We also noted that memorabilia and items for people to pick up were available in all areas of the home. The manger told us of further works planned to enhance the experience for the people living at the home to include the development of a specialist reminiscence room and theatre room.

However, the provider may find it useful to note that the documented life histories of people living in the home were limited in information. Without detailed information about people's past, staff may not be able to engage in meaningful conversations with the people living at the home

Our judgement
The provider was meeting this standard. People experienced care, treatment and support which met their needs and protected their rights.

Outcome 05:
Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:
* Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us
As we were unable to communicate directly with people living at the home, we spent some time observing the care and support being provided during lunchtime.

We saw that staff were enabling and attentive to the people they were assisting to eat. On one occasion we saw that person had refused to eat their dinner. Staff gently encouraged this person to eat by offering them alternative choices; they did not pressure the person and returned periodically to continue their encouragement.

We also saw that the majority of staff interacted and communicated well whilst helping people to eat their meals. Staff would talk to the person they were assisting, offered them a drink intermittently and ensured their dignity was maintained by wiping food away from their mouths. However, the provider may find it useful to note than on one occasion, we did not see this good practice followed by one member of staff. We observed no communication between the staff member and the person they were assisting and saw no attempt from them to wipe food away from the person's mouth.

Other evidence
People were supported to be able to eat and drink sufficient amounts to meet their needs.

The service had effective systems in place to protect people from the risks of inadequate nutrition and hydration. This was supported by our review of people's care plans and from our observations of the individual care provided to the people using this service.

In each care plan reviewed we found that a nutritional assessment and malnutrition screening tool (MUST) had been used to asses each persons risk of receiving inadequate nutrition and hydration. For those people assessed as high risk, we saw that daily records were in place to record and monitor the amount of food and drink taken by these people. We reviewed the records and found they were up to date and included details of what each person had eaten for their breakfast on the day of our inspection.

We also saw that those people whose food intake was being monitored were weighed weekly. This meant the home could respond appropriately should a person begin loosing weight. Records were also in place for other people living at the home, who were not at risk of inadequate nutrition and hydration, which demonstrated they were weighed on a monthly basis.

There was no one at the home at the time of our inspection who required a specialised diet in relation to cultural or religious needs. We did however ask the manager how this would be catered for should a person require such a diet. The manager confirmed that this would be assessed and the appropriate research and information would be sourced to ensure such a need could be met by the home.

Our judgement
The provider was meeting this standard. People were protected from the risks of inadequate nutrition and hydration.

Outcome 09:
Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:
* Will have their medicines at the times they need them, and in a safe way.
* Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us
Although we gathered evidence of people's experience, we did not, on this occasion, speak with people about this standard.

Other evidence
Appropriate arrangements were in place in relation to obtaining people's medication. At the time of our inspection, Oak Manor was preparing to change its pharmacy provider and as a consequence all the medication systems in the home. The manager spent some time detailing to us how medicines would be obtained and recorded. The new system allowed for medication to be scanned in to a computer system by the use of a bar code on each individual medication. Medication stock could then be recorded and monitored via the computer programme and new medications ordered as required.

Medicines were safely administered. During our visit we observed that medication was given to people by a nurse. To ensure people's welfare and safety during medication rounds we saw that the nurses wore red aprons which said 'Do not disturb – medication round in progress.' We spoke with three members of staff at the home who all confirmed that the administration of medicines would only be undertaken by qualified nurses. We saw that all training had been delivered on the new medication system and the nurses had regular competency checks in relation to the administration of medications.

Medicines were kept safely. We saw that medicines were kept in a locked medication

trolley in the medication room. We also saw that controlled drugs were kept in a double locked cupboard. We reviewed the recording processes for controlled drugs and checked two medications against the documented stock. We found all records to be up to date an accurate.

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

Outcome 14:
Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us
Although we gathered evidence of people's experience, we did not, on this occasion, speak with people about this standard.

Other evidence
Staff were able, from time to time, to obtain further relevant qualifications. Oak Manor had in place a mandatory and optional training programme. We reviewed the training plan and saw that a variety of training courses were available to staff. These included courses to help meet people's specific needs for example, training on end of life care, pressure care management and dementia. Staff told us that they felt they had all the training they needed to be able to carry out their role and confirmed that should they feel they lacked knowledge they were able to request training and it would be provided by their manager.

We spoke with three members of staff who told us that they loved working at Oak Manor, felt completely supported by their manager and felt confident in raising concerns should they need to. We were told that staff were supported with a regular supervision and appraisal system and that staff meetings took place for peer support. We asked each member of staff we spoke with whether they felt they were appropriately trained and supported to meet the needs of the people living at the home and they all confirmed they did.

Our judgement
The provider was meeting this standard. People were cared for by staff who were supported to deliver care safely and to an appropriate standard.

Outcome 16:
Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:
* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us
Although we gathered evidence of people's experience, we did not, on this occasion, speak with people about this standard.

Other evidence
There was evidence that learning from incidents took place and appropriate changes were implemented.

We saw an incident reporting system in place. We reviewed recent incident records and saw that relevant incidents such as falls and behaviour changes had been reported, monitored an analysed. The manager told us that she reviewed all the incidents that occurred over a month and took steps such as referring people to the falls team should they be found to have had a number of falls during the period. The three members of staff that we spoke with had a clear understanding of the incident reporting system and the incidents that they needed to document and report to the manager.

The provider took account of complaints and comments to improve the service. We reviewed the complaints log available at the home. This demonstrated that entries had been acknowledged and acted upon with the outcome and areas for improvement clearly documented.

Oak Manor had a risk management system which looked at overarching areas that posed a risk to people using the service and others' health, welfare and safety. This looked at risks in areas such as the premises and equipment. This demonstrated that,

in addition to assessing risks in relation to people's individual care needs, Oak Manor had ensured that people using the service, staff and visitors were protected from the risk of harm. This was because other relevant risks had been identified and assessed.

People who used the service, their relatives and staff were asked for their views about the care and support provided and they were acted on. We saw that annual surveys were undertaken and actions for improvements identified. The most recent survey had been collated and analysed and the manager had documented areas for improvement in an action plan.

We asked to review details of recent audits undertaken. The manager provided us with evidence that various checks took place for example, in relation to medication, care files, staff supervision and appraisal and maintenance. Each audit we reviewed clearly identified the outcomes and improvements as a result. This demonstrated that Oak Manor had in place an effective system which monitored the quality of service which people were receiving.

Our judgement
The provider was meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people received.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
Further copies from	03000 616161 / www.cqc.org.uk
Copyright	Copyright © (2010) 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.

Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA