

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

Oaktree Care Home

Lark Rise, Brimsham Park, Yate, Bristol, BS37
7PJ

Tel: 01454324141

Date of Inspections: 11 September 2014
10 September 2014

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

Cleanliness and infection control



Met this standard

Details about this location

Registered Provider	Laudcare Limited
Overview of the service	Oaktree Care Home can accommodate up to 78 people.
Type of services	Care home service with nursing Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Oaktree Care Home had taken action to meet the following essential standards:

- Cleanliness and infection control

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 10 September 2014 and 11 September 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members.

What people told us and what we found

The purpose of this inspection was to follow up previous enforcement action where we identified serious failings in protecting people against the risks of infection control.

Below is a summary of what we found. The summary is based on our observations during the inspection, seeking experience and views from people who used the service, their relatives, the staff supporting them and from looking at records.

If you want to see the evidence supporting our summary, please read the full report.

Is the service safe?

The service was clean and hygienic. Appropriate guidance, equipment and facilities were in place for staff so that people were safe and protected from the risks associated with cross infection.

Is it well led?

The quality monitoring systems in place had improved and were more effective in identifying where improvements were needed.

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

Cleanliness and infection control

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had taken steps so that people were protected from the risk of cross infection and appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

Reasons for our judgement

At the inspection of May 2014 areas of the home were not clean. People were placed at risk of cross infection because appropriate standards of cleanliness had not been maintained.

The home had a strong and unpleasant odour throughout, the odour on the floor for those people who had dementia was particularly overpowering. Carpets throughout the home were stained with urine, food and drink spillages. Lounge chairs had food debris and urine stains on them.

The shower rooms were dirty, shower screens, tiles and sealant were covered in, scum, lime scale, mould, rust and mildew, which had built over time. Commodes, toilet seat raisers and shower chairs were dirty and ingrained with dried urine and faeces, dust, dried talcum powder and rust.

The furniture, fixtures and fittings and soft furnishings in people's bedrooms were dirty. There were urine and faeces stains on divan beds, lounge chairs, bed rail protectors, and carpets. The rooms had been 'surfaced cleaned' but when we moved furniture in some of the rooms we found dust and food debris. Housekeeping staff confirmed that deep cleans were not taking place.

At this follow up inspection the home was clean and fresh throughout. We checked all the areas of concern we had identified from the inspection of May 2014 and found that these had been resolved.

We received positive comments from people, relatives and staff about the improved cleanliness of the home. Comments included "Resources have improved", "It's definitely cleaner and I can't smell anything anymore" and "Staff are feeling prouder about the home and feel valued when they see any sort of investment to improve things for people".

Improvements had been achieved due to several new initiatives. The home had deployed a housekeeper and an additional nineteen hours for domestic duties. The routines had been changed to provide cover in the evenings and weekends. Staff confirmed this had "helped tremendously".

The home had been divided into zones and domestic staff were allocated to these areas to help with consistency and continuity. The housekeeper was conducting spot checks throughout the day and communicating positive findings to the staff. Equally, any shortfalls were also discussed and dealt with immediately. The spot checks were formally recorded

The housekeeper was enjoying their new role; they took their role and responsibilities seriously. They told us they were "very proud" about how much the domestic team had achieved since the previous inspection and they really wanted to "make it work". They had been providing one to one supervisions with domestic staff to provide support and review how effective the new systems that had been put in place.

Carpets and furniture that were "beyond cleaning" had been replaced. Deep cleaning had been achieved in the shower rooms as a short-term measure until these were refurnished and redecorated this year.

New cleaning products had been researched and provided the housekeeper told us these were "much more effective". Other equipment had been purchased in order to promote effective cleaning including vacuum cleaners and carpet shampoo cleaners.

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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