

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

## Oaktree Care Home

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7PJ

Tel: 01454324141

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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:

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✗	Action needed
<b>Meeting nutritional needs</b>	✓	Met this standard
<b>Cleanliness and infection control</b>	✓	Met this standard
<b>Safety and suitability of premises</b>	✓	Met this standard
<b>Staffing</b>	✗	Action needed
<b>Assessing and monitoring the quality of service provision</b>	✓	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

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### Why we carried out this inspection

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

- Respecting and involving people who use services
- Care and welfare of people who use services
- Meeting nutritional needs
- Cleanliness and infection control
- Safety and suitability of premises
- Staffing
- Assessing and monitoring the quality of service provision

This was an unannounced inspection.

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### How we carried out this inspection

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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 checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with carers and / or family members.

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### What people told us and what we found

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At the time of the inspection the home did not have a manager. The provider had redeployed an interim manager. They had been managing the home for six weeks prior to our visit. A new manager had been appointed but they had not commenced at the time of our inspection.

The purpose of this inspection was to follow up previous non-compliance where we identified serious failings in the home.

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?

People were protected from the risks of inadequate nutrition and dehydration. People were being supported at mealtimes so that they received sufficient amounts of food and drink that was provided to them.

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.

People lived in surroundings that were safe and promoted their wellbeing. Equipment provided to people was safe and properly maintained.

Additional cover was provided when there was any staff absence. We could not be satisfied that there were enough staff on duty. The staffing tool had been further developed and had taken into account the geography of the home, skill mix and dependency levels of people. However this was still in its pilot stage and under review.

Is it effective?

Improvements had been made to ensure people received appropriate care and support by using effective systems to assess, plan, implement, monitor and evaluate people's needs. People were now being involved throughout these processes. This ensured their needs were clearly identified and the support they received was meaningful and personalised.

Areas of additional training had been identified that were relevant to people's needs and to promote best practice. Training had been booked and some training had been completed.

Additional training, reviews of daily routines, new initiatives and equipment had helped ensure that people were receiving a nutritionally balanced diet and a sufficient fluid balance.

Is the service caring?

Staff treated people kindly and they were receiving care in a way that respected their dignity and independence. People were being supported at mealtimes with patience and by staff that were sensitive to their needs.

Additional training and care plan reviews had supported an individualised approach to care and independence was promoted.

The keyworker system and "resident" allocation had increased staff awareness of individuals' needs. Staff we spoke with were knowledgeable about people's lives, their likes and dislikes. Efforts were being made to enhance this knowledge so that their life experiences remained meaningful.

Is it responsive?

Improvements had been made to ensure people were involved in making decisions about the care and support they received.

Appropriate referrals were made to health and social care professionals. There had been recent referrals to nutritional and dementia specialists. This had provided staff with appropriate guidance so that people were supported safely in order to minimise the risks and enhance people's experience.

It was evident that the home was making every effort to respond to the failings identified at the inspection of May 2014 in order to improve the quality and safety of service provided.

Is it well led?

In the absence of a registered manager the provider had deployed an interim manager in order to address previous non-compliance and to help support consistency and leadership

in the home.

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

New systems had been implemented. Meetings for people and their relatives supported empowerment and effective change. The interim manager had looked at ways that staff would feel valued and be able to effect positive change and equally feel supported. Their ideas and experiences were being sought through new "Heads of Department" meetings.

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

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

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### **What we have told the provider to do**

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We have asked the provider to send us a report by 02 December 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity, and independence was respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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At the inspection of May 2014 we saw examples throughout our visits to the home, where people were not treated with dignity and respect. We saw people with food left in their laps following mealtimes; clothes were not always protected from spillages of food and drink and people's clothes were left soiled. We saw food had been left on people's hands and faces and had become encrusted over a length of time.

People had not been appropriately helped to maintain their personal appearance and their dignity was compromised. This was because the majority of people looked unkempt, some people we sat and spoke with had an unpleasant odour, they had dirty teeth and their hair was visibly dirty.

At this follow up inspection improvements had been made. This was attributed to improving practice, reviewing daily routines and consulting with people about how they wish to be cared for and supported.

People were asked before and after mealtimes if they would like to wash their hands. Refreshing wipes had been purchased and people and staff were using these after lunch to clean their hands and face. New clothe protectors had been purchased and staff asked people if they would like to wear one at mealtimes. Some people declined the protectors and this was respected and recorded in their care notes.

People were encouraged to change their clothes if they became soiled or stained. One person often preferred not to change their clothes; this had been discussed with the family and recorded in their personal care preferences record.

People's care plans with regards to personal care needs had been reviewed with individuals and where necessary their families. The home had identified improvements were required around "personal grooming" and staff needed to change their approach. Training had been provided which included scenarios about providing personal care and

support. Staff were asked to think about how they would feel in these scenarios and what their expectations would be.

Previously people had been declining baths or showers. The reviews had identified that some people preferred an evening bath or shower rather than the ones they were being offered in the mornings. Staff also found if they went back to a person who had previously declined they would often change their mind.

There was a greater manager/senior presence in the home and spot checks were completed. People were allocated a member of staff each shift. If shortfalls in personal care were identified the staff member had a "flash meeting" with a senior to discuss this. People's appearance had improved since the inspection of May 2014. We did see that one person had dirty shoes and it looked like they had spilt something on them. This was brought to the attention of the staff and dealt with immediately.

A new key worker allocation had been set up. Each staff member had been allocated a group of people. Their role included making sure that people had toiletries that they preferred to use, they had plenty of clothes and underwear and that these were labelled and in good repair. One member of staff told us about how the keyworker role had enhanced a personalised approach. One person they supported enjoyed putting their clothes away with the staff member and liked to help with laundry folding towels.

At the inspection of May 2014 we observed mealtimes and we saw staff standing over people when they were supporting them with their meal. These people were unable to eat independently and needed assistance. Staff did not sit at the same level as them and there was little or no conversation or prompting throughout the meal.

At this follow up inspection we observed lunchtime and found people's experience at mealtimes had improved. Staff had received training. The objective of the training was to show how staff should support people to feel "emotionally positive" with all aspects of support and that people should "feel valued". Staff said that it had helped them to "stop focusing on tasks and concentrate on the individual they were supporting".

Lunchtime was calmer; people were being assisted sensitively and at their own pace. Two members of staff in particular had a gentle approach, they spoke quietly and interacted with the people they were assisting, they described the meal that was chosen and offered drinks throughout the meal.

At the inspection of May 2014 we saw examples where people's rights, choices and preferences were not sought or respected at mealtimes. One example of this was when a portion of flan was placed in front of all 17 people in the dining room. Fifteen minutes later ice cream was brought up from the kitchen. Those people who had not touched the flan had it removed and were served ice cream but they were not consulted about this.

Some people had not eaten their meals because they didn't like the food they were served and they had not been asked. The home did not use any pictorial or other support to help people make choices where they had communication or comprehension difficulties.

At this follow up inspection we found improvements had been made. People were shown pictures of the meals available each day and this had helped them make choices. Gradually photographs were being taken of all the meals available from the homes menus so that they were more accurate of what people would be choosing.

Choosing what people would like to eat had been incorporated as an activity and staff sat down with each person to discuss this. Menus were being reviewed to incorporate more choice. People were able to order sandwich fillings of their choice everyday rather than being offered two or three alternatives.

The home had introduced "snack boxes" to help increase people's nutritional intake. People had been consulted individually about what they would like in their boxes. Snack choices included cheese, yoghurts, raisins, gingerbread men, muffins and mini size chocolate bars. People's choices were reviewed every month. Staff were consulting with nutritional experts so that they could provide a greater variety of choice for those people who had swallowing difficulties and required soft foods. The snack boxes were replenished twice a day.

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

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**Our judgement**

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The provider was not meeting this standard.

The provider had made improvements to ensure people did experience care, treatment and support that met their needs and protected their rights. These improvements were not fully implemented and care reviews had not taken place for everyone in the home.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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**Reasons for our judgement**

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At the inspection of May 2014 care plans contained basic information and guidance about the care and support people required. They did not evidence that people had been involved and did not contain people's personal preferences and preferred daily routines to inform staff about people's individual needs. Staff agreed care was not always person centred.

At this follow up inspection we found that improvements had been made and this was on going. Initial audits were being completed on all care documents. The audits had identified where information was missing and when care plans needed to be expanded to evidence preference and choice.

Individuals and their families were being invited to care reviews and keyworkers were attending these to assist with continuity and consistency of care. Supernumerary hours had been deployed so that these could be completed as quickly as possible but without compromising the quality of the reviews.

New initiatives had been put in place to enhance peoples experience when receiving care. Daily routines had been revised and staff were allocated a group of people to support on each shift. Staff felt this had helped them deliver care "more effectively". They told us there was a greater "cohesion and team work". Relatives had provided positive feedback about the new keyworker system and the "resident allocation". They felt that this had improved communication between staff and relatives and they felt "better informed". Improvements were on going and promoting stronger leadership skills for trained staff was being implemented.

Previously staff had been criticised for "doing the basics, performing tasks and going through the motions". Staff had told us they were "frustrated and concerned". Comments included, "I don't feel equipped with the right skills, I have never had dementia training so I would say I am self-taught", "We truly do the best that we can, I don't cut corners or rush

people but it does mean that I am always behind and the next person or job has to wait", "I wish I could spend more time talking to people".

We spoke with people and staff at this follow up inspection to see if their experiences and views had changed. Comments included "We have more direction now and the shifts seem calmer", "We have taken small steps and slowly things are improving" and "The staff are very caring and I want to see the home succeed. These things take time but you can see subtle improvements".

Since the inspection of May 2014 all staff had received training to raise their awareness for those people with dementia. One staff member told us "The dementia training has been a tremendous help for me personally. It really makes you think. The role play helped you understand what it would feel like to live here and recognise how vulnerable people are. It has definitely improved my practice and how I look after people".

Following the inspection of May 2014 a dementia care expert visited the home to conduct a Dementia Care Mapping. Dementia Care Mapping is a set of observational tools, designed to evaluate quality of care from the perspective of the person living with dementia. It promotes a holistic approach to care, supporting the well-being and psychological needs of the person with dementia.

The report highlighted some positive engagement and interaction between individuals and the staff. One staff member had supported someone when making choices at a lunch time and the report stated this was done in a "dignified and empowering way". The report also identified where there were areas for improvement and recommendations. These were being addressed through, supervisions, additional training and observation and shadowing of staff.

**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

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**Reasons for our judgement**

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At the inspection of May 2014 we were concerned about how the home supported people at mealtimes and whether people received adequate food and hydration. Mealtime routines were not effective and people who required assistance were not receiving support. We saw meals and hot beverages going cold, left untouched and taken away.

A significant amount of people were losing weight. People did not have necessary equipment available to enable people to eat as independently as possible and food was being wasted and not eaten. Food was slipping from people's plates as they tried to put food on their forks.

Following the inspection the home purchased "dementia sensitive" cutlery and crockery. This was in use at this follow up inspection and people were positive about how effective it was.

Meal time routines were under review to ensure people had the necessary one to one support they needed and staff allocation had helped with this. This had helped improve people's nutritional and fluid intake but this was still under review. The level of dependency and assistance needed was high for people on the dementia floor. During our visit we saw that some people had to wait up to 40 minutes after lunch had commenced in order to be assisted. The home was currently seeking the views of people and their relatives about two meal settings to see if this would also help improvements.

People had gained weight since our last visit. Monitoring of weights had increased from monthly to weekly. Weekly monitoring continued until staff were satisfied any gained weight was being sustained. Staff had also received re-training on a tool they used to monitor peoples weight. The tool was used to identify potential weight loss concerns and alert staff to any action they should take.

Nutritional expert advice had been sought from a community dietician who had worked closely with staff providing guidance and advice for individuals on managing weight loss. The Four Seasons company chef continued to visit the home reviewing menus, options and fortified diets. The new snack boxes had been "well received" these were given to people at 3pm and replenished in the evening.

At the inspection of May 2014 there were discrepancies around accurate recording in

people's food and fluid charts. We could not be assured that food and drink intake monitoring was effective. Staff would not be aware that people were at risk of poor nutrition and hydration and take any necessary action.

During this follow up inspection we saw improvements in accurate record keeping. Staff felt this had improved because of the new allocation system and training in record keeping. Staff recognised responsibility for their own practice and spot checks were conducted regularly throughout the day by senior staff. Staff were alerted immediately if their records had not been completed or required further detail and a supervision took place.

During our visits in May 2014 people had jugs of water that had not been touched in their rooms. Water intake had not been recorded on people's charts. People were not offered a choice of cold drinks and for some people the jugs were too far away to reach.

Improvements had been achieved. Throughout the home and in people's rooms there were plenty of fluids available and different flavours. People had been drinking fluids in addition to the beverages offered during tea and coffee rounds and this was recorded. Spot checks also helped ensure people had access to their fluids and they were in reach.

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

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**Our judgement**

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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.

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**Reasons for our judgement**

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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.

People should be cared for in safe and accessible surroundings that support their health and welfare

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## Our judgement

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The provider was meeting this standard.

The provider had taken steps so that people who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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## Reasons for our judgement

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At the inspection of May 2014 people did not live in surroundings that were safe and promoted their wellbeing. People told us "The home is looking tired and needs updating", "The lounge upstairs is an embarrassment and reflects how much people are valued by the people that own the home" and "The home has had little investment in the environment, for some time now".

The bathrooms and wet/shower rooms were clinical in appearance and did not create an atmosphere that was conducive to people that would find bathing an inviting, relaxing experience.

Throughout the home bathrooms were being used for storage. This caused an obstruction to people who wanted to use the bathroom and toilet facilities and compromised their safety.

Bedrooms had not been redecorated for some time. Flooring, bedroom furniture and soft furnishings needed replacing. Some furniture was unsafe and not properly maintained. Bedroom furniture was not always big enough for people's belongings.

Following the inspection of May 2014 the provider sent us an action plan telling us how they were going to address these concerns. At this follow up inspection we looked at the progress that had been made. A full environmental audit had been completed of the home. In addition to the concerns we had raised they had also identified other areas in the home they wanted to improve.

We walked throughout the home to see the improvements that had been made and those that were ongoing. A programme was underway to re-decorate and refurnish bedrooms. We saw new bedroom furniture in place and sets were also delivered on the day of our visit. Sixty-two bedside tables had also been replaced and lounge chairs were being replaced in peoples bedrooms and in the communal areas where needed.

All communal areas were being redecorated and new furniture, carpets and soft furnishings were being purchased. Lounges were being re-designed to create a more homely feel. People and staff were being consulted about preferred colours for the dining

rooms.

The corridors on the dementia floor were also in the plan for change. People were being consulted about new themes for the corridors. Ideas shared had included, gardening, old Yate and Bristol and various artists in the 50's and 60's.

All the bathrooms were free from clutter and no longer being used for storage. Three bathrooms and a shower room were being redecorated with new fixtures and fittings. This had been slightly delayed due to the availability of the contractors who were to complete the work.

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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## Our judgement

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The provider was not meeting this standard.

The provider had made some improvements and progress to ensure there were enough qualified, skilled and experienced staff to meet people's needs. These improvements were not fully implemented to evidence that they would be sustained.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## Reasons for our judgement

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At the inspection of May 2014 the home was piloting a new tool used to determine staffing levels. We could not judge the effectiveness of the existing tool because the home was not working to the levels that the tool had determined. The provider was still developing the tool because it didn't take into consideration certain factors. This included the layout of the home, accessibility of facilities and competencies and skill mix of staff.

There were less staff on duty than the provider had determined were needed to meet people's needs. This had an impact on the care and support people were receiving. This was particularly during mealtimes where we could not be satisfied that those people who required assistance at mealtimes were being supported effectively. At the time of the inspection there were 132 vacant hours for nurses, and 90 vacant care staff hours per week.

Following the inspection the provider was required to send us the off duty once a week to evidence that all shifts were covered. The home used one agency to cover all vacant shifts and this had helped ensure continuity of care for people. The home had made every effort to cover shifts and they continued to do so. There had been a few occasions where staff had been absent at very short notice and the shift could not be covered. One staff member told us, "Some staff phone in absent too late and it's impossible to find cover, it really lets people down and the staff team".

Recruitment of staff continued and new recruits had been appointed. At the time of this follow up inspection the vacancy hours available had reduced to 88 for nurses and 66 for care staff.

The staffing tool had been further developed and had taken into account the geography of the home, skill mix and dependency levels of people. This was still in its pilot stage and under review.

Other initiatives had been implemented so that shifts ran more smoothly including daily allocation of staff to people living in the home, the key worker allocation and an increased emphasis on nurses leadership skills. We spoke with staff during the visit and asked them if any of the changes had been positive. Experiences were mixed, some staff welcomed the changes but it was evident from others that this was "still working progress".

In addition to this the home was recruiting two new positions called unit leaders. These positions were to replace a previous role of deputy manager so that both floors had a senior management presence. We were informed at the time of the inspection a new manager had been appointed who would be applying to register with CQC.

## 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

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### Our judgement

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The provider was meeting this standard.

There was an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. The provider had an effective system in place to regularly assess and monitor the quality of service that people received.

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### Reasons for our judgement

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At the inspection of May 2014 the management did not provide people with clear lines of responsibility and accountability. At this follow up inspection we spoke with people, relatives and staff to see if they were feeling supported by the interim manager. Comments included, "The manager gets things done", "They walk around the home a lot, you always see her", "The manager is very approachable" and "There's a whole new culture". The interim manager told us that when the new manager commenced they would be working alongside them during their induction so that all new systems in place and the continuity and consistency of management ethos would continue.

People who used the service were not protected from the risks of inappropriate or unsafe care and treatment. This was because the systems to assess and monitor the quality of service were not effective.

We looked at audits completed which linked to the outcomes we inspected. We found that they were not effective and had not identified the shortfalls that we identified at the inspection. Prompt action was not always taken to address concerns when they had been identified.

It was evident at this follow up inspection that audits and monitoring of the service had improved. Other new initiatives had been introduced in order to promote best practice and to empower and encourage people who used the service to make effective change.

Training audits had recently been completed which had identified areas of additional training that were relevant to people's needs and also where updates were required. Training had been booked following this audit and some training had been completed.

Feedback forms were given to staff to provide information on the quality and effectiveness of any training they received. We looked at the comments staff had written following record keeping training and we spoke with staff during our visit. Comments included, "At last training that will equip us to provide better care", "The record keeping programme helped me to understand the importance of accurate records" and "The training helped me

understand the documents we use and why they important to ensure that people receive good care to keep them safe".

The audits for infection control, health and safety and the environment were more effective and actions were taken when improvements were identified. The provider was able to demonstrate that the audits had resulted in action being taken to improve the standards of hygiene, the health and safety and the environment people used.

The environmental audit had identified that a cleaning schedule needed to be put in place for equipment such as commodes, wheelchairs and hoists. These were now in place, the night staff were responsible for cleaning the equipment identified and the manager checked them. Health and safety checks were now being completed of pressure relieving mattresses, profiling beds and bed rails to ensure they were safe for people to use.

Other new initiatives included "Heads of Department Meetings". This took place every week and more often should there be any urgent /immediate action required. The meetings had been seen as a positive move forward in order to "improve practice". The interim manager, a nurse, a senior carer, the chef, head of housekeeping, an activities coordinator and the maintenance person attended the meetings.

The minutes were informative and provided a good level of detail about the discussions held. Staff shared ideas, and spoke about what was going well and what was not going so well. Any new actions identified were allocated to the relevant staff member to action and this was followed up at the next meeting. Two attendees told us, "The meetings are useful and staff are feeling that they can make a difference", "I have noticed how we have been able to make positive change" and "Staff are starting to feel valued and empowered".

The interim manager told us about how they wanted to improve communication between people who lived in the home, relatives and staff. They felt that this would help influence and improve practice in the home. The home had produced its first bi-monthly newsletter which shared news about the home, planned events and new about staff. One relative told us "It's early days but the newsletter indicates the home is trying to make change and improve".

"Residents and Relatives" meetings had just commenced in the home when we visited in May 2014 and these had continued. People were asked how often they would like the meeting and it was agreed bi-monthly. The minutes indicated an increase in attendance and reflected that relatives were able to speak openly and freely. Any issues raised were recorded and what action would be taken. People were being consulted in order to effect change.

This section is primarily information for the provider

✕ Action we have told the provider to take

## Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Care and welfare of people who use services</b>
Diagnostic and screening procedures Treatment of disease, disorder or injury	<b>How the regulation was not being met:</b> 9.-(1) (b) (i) (ii) People did not experience care, treatment and support that met their needs and protected their rights.
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Staffing</b>
Diagnostic and screening procedures Treatment of disease, disorder or injury	<b>How the regulation was not being met:</b> 22. The provider had not taken suitable steps to ensure there were enough qualified, skilled and experienced staff to meet people's needs.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008

**This section is primarily information for the provider**

(Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 02 December 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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