

Review of compliance

<p>Brookdale Health Care Limited Oakley House</p>	
<p>Region:</p>	<p>East</p>
<p>Location address:</p>	<p>10 Bushmead Road Eaton Socon Cambridgeshire PE19 8BP</p>
<p>Type of service:</p>	<p>Care home service without nursing</p>
<p>Date of Publication:</p>	<p>December 2011</p>
<p>Overview of the service:</p>	<p>Oakley House is a care home registered to provide the regulated activities of; 'Accommodation for persons who require nursing or personal care' and 'Treatment of disease, disorder or injury' for up to 8 people. The service is not registered to provide nursing care.</p>

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

Our current overall judgement

Oakley House was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

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, 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

People we spoke with were generally positive about the care and support they received from staff in the home. People were complimentary about the accommodation provided and were pleased that they were able to personalise their bedrooms to meet their preferences.

What we found about the standards we reviewed and how well Oakley House was meeting them

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

People using the service receive a coordinated package of care and support to meet their individual needs. However, to maintain compliance improvements are needed in the signing and dating of care plans to confirm that they are accurate records and reflect what has been planned and by whom.

Outcome 07: People should be protected from abuse and staff should respect their human rights

There were safeguarding procedures and trained staff to ensure that people were protected from harm or abuse.

Outcome 10: People should be cared for in safe and accessible surroundings that

support their health and welfare

People live in a well maintained and comfortable home. There is shared and private space which promotes peoples' dignity and independence.

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

People using the service receive care and support from a well trained and supervised staff team.

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

There are procedures in place to assess and monitor the service provision so that people benefit from safe care and support and that their views are taken into account.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

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.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

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

There are minor concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People we spoke with were positive and satisfied with the care and support they received from the staff team. One person commented, "I love it here" and another person commented, "I like living here and the staff help me with organising things". Observations made during the visit showed that there was a friendly and caring rapport between staff and people living in the home.

Other evidence

We reviewed three care plans during the visit. They were completed in detail and included a 'transition plan' which was a pre-admission report detailing the person's visits to the home prior to moving in. An 'essential life plan' was in place, which each person had completed with assistance from their key worker, who was a member of staff designated to work specifically with one person. Examples of what was included in the life plan were: the person's likes and dislikes, daily care needs, assistance with anxiety and stress, dietary preferences and key relationships.

In addition to the life plans there were comprehensive 'support plans', which contained a wide range of detailed information and guidelines for staff when assisting people and included information about: assistance with cooking, laundry and household chores, behavioural and communication guidelines, community access, daily routines and weekly activity/work programmes. There were health care plans in place with records of appointments that people had attended with health professionals.

Risk assessments were in place that gave detailed guidelines for staff to ensure that

people remained safe in the home and when going out the community. Members of the organisation's multi-disciplinary team which includes; a speech and language therapist, psychologist and psychiatrist, were in regular contact with people living in the home and there were written monthly summaries of their meetings with each person.

Each person using the service has a key worker who ensures that the persons' care and support needs were monitored. Monthly care plan summaries, completed by the persons' key worker, were in place and daily notes were also recorded.

Although care plans were detailed it was noted that some documents were not signed and dated. The team leader stated that all care planning documents would be audited to ensure that they were up to date and signed.

Our judgement

People using the service receive a coordinated package of care and support to meet their individual needs. However, to maintain compliance improvements are needed in the signing and dating of care plans to confirm that they are accurate records and reflect what has been planned and by whom.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

We did not discuss issues regarding safeguarding with people using the service. However people said that they felt able to raise any issues or concerns with their key worker or other members of staff.

Other evidence

The home had safeguarding policies in place which were in line with the local authority's safeguarding procedures. Staff received annual safeguarding training to update their knowledge. The training records we saw confirmed that there had been annual safeguarding training for staff.

The four members of care staff we spoke with confirmed that they had received safeguarding training. They were knowledgeable about safeguarding procedures and would not hesitate in reporting any incident or allegation of abuse.

Our judgement

There were safeguarding procedures and trained staff to ensure that people were protected from harm or abuse.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

People we spoke with were satisfied with the accommodation provided. We saw three people's bedrooms and it was clear that their individual tastes and preferences were being met. One person advised us that were particularly pleased with the assistance they had been given with the choice of colour and furnishings to personalise their bedroom.

Other evidence

The home was well maintained and the communal areas were decorated and comfortably furnished to meet the needs of people who used the service. People were encouraged to be involved in the choice of decoration and furniture in their own bedrooms to reflect their own personal tastes and preferences. People were encouraged to bring their own possessions into the home to make their rooms more interesting and comfortable.

There was an ongoing programme of maintenance to ensure that the premises were well maintained. Any repairs and refurbishments were regularly reported to the organisation's maintenance department for further action. The rear kitchen door was due for replacement and the team leader advised that this was scheduled to be completed in the next two weeks.

Bathrooms and the kitchen were well maintained and kept in a clean condition. The gardens were also accessible and there was seating available so that people could enjoy spending time outdoors.

Our judgement

People live in a well maintained and comfortable home. There is shared and private space which promotes peoples' dignity and independence.

Outcome 14: Supporting staff

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 staff

Our findings

What people who use the service experienced and told us

We did not discuss issues regarding supporting staff with people who use the service.

Other evidence

Care staff we spoke with stated that they had received an induction on commencing employment in the home and we noted that there was evidence of an ongoing programme of mandatory training organised throughout the year for care staff. Training provided included; fire safety, moving and handling, challenging behaviours, communication, first aid, diabetes, health & safety awareness, food hygiene, safeguarding, equality and diversity, safe restraint practice and mental capacity awareness.

Staff we spoke with said that their training had been useful and there were regular refresher sessions organised. Training was monitored through the organisation's training department and individual training updates were given to staff so they were aware of forthcoming sessions.

Members of staff we spoke with confirmed that they received monthly supervision which was recorded and we saw evidence of regular sessions in three staff files. Staff also commented on the positive support they received from their colleagues in the staff team.

Our judgement

People using the service receive care and support from a well trained and supervised staff team.

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

We did not discuss issues regarding the assessing of the quality of service provision with people who use the service. However, people we spoke with felt that they were kept informed of any changes in the home. One person said that they had taken part in the organisation's 'service user forum'.

Other evidence

There were monthly management audits which had been conducted by another manager from within the organisation. Audits had included the monitoring of; care and support, risk factors, premises checks, and health and safety checks. Did these show anything adverse?

Records of health and safety audits showed that regular safety checks had been made, including those related to water temperature tests and the reporting of any maintenance/repair concerns. Fire safety records had been accurately completed to ensure the safety of people using the service.

Staff said they felt that the service was generally well managed and that they were freely able to raise any concerns. The service was being managed by the two team leaders, with regular input from an operational manager, whilst the registered manager was on maternity leave. However, staff did comment that having two people managing the home sometimes led to an inconsistent approach. We discussed this with one of the team leaders and they advised that they would raise this with their fellow team leader and operational manager to ensure that there would be a more consistent management

approach in the home.

There were regular resident meetings for people using the service to ensure that their needs or requests were met and that their views were taken into account. People also had regular meetings with their key workers to discuss any issues or concerns.

Our judgement

There are procedures in place to assess and monitor the service provision so that people benefit from safe care and support and that their views are taken into account.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>Why we have concerns:</p> <p>To maintain compliance the provider needs to ensure that care plans are signed and dated to confirm that they are accurate and reflect what has been planned and by whom.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

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.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, 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

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