

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

## Oakley House

10 Bushmead Road, Eaton Socon, PE19 8BP

Tel: 01480407010

Date of Inspection: 11 January 2013

Date of Publication: February 2013

We inspected the following standards as part of a routine inspection. This is what we found:

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

**Care and welfare of people who use services** ✓ Met this standard

**Safeguarding people who use services from abuse** ✓ Met this standard

**Staffing** ✓ Met this standard

**Assessing and monitoring the quality of service provision** ✓ Met this standard

**Records** ✓ Met this standard

## Details about this location

Registered Provider	Brookdale Health Care Limited
Registered Manager	Miss Julie Steel
Overview of the service	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.
Type of service	Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	9
Staffing	10
Assessing and monitoring the quality of service provision	11
Records	12
<b>About CQC Inspections</b>	13
<b>How we define our judgements</b>	14
<b>Glossary of terms we use in this report</b>	16
<b>Contact us</b>	18

## Summary of this inspection

---

### Why we carried out this inspection

---

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

---

### How we carried out this inspection

---

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 January 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

---

### What people told us and what we found

---

We found Oakely House to be clean and well maintained. The communal lounge, dining room and kitchen were well arranged and made the most of the space available. Bedrooms were personalised and all had an en-suite facility.

People told us they liked living at Oakley House. One person said, "The best thing about being here is being independent". Another told us, "I like my friends here". We saw that activities were arranged and that people were supported to be independent. We also observed a good rapport between people who live there and staff.

Staff were mostly positive about working at Oakley House. One said, "I love working here". Another member of staff told us, "The team is close. We are well supported". We found that staff had not been appraised while the manager was on maternity leave; and the training matrix was not up to date.

People we spoke to were mostly positive about the care and support they received. We found that care plans were written in a person centred way and contained relevant information; action plans were in place to address the shortfalls in signing and dating information consistently.

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](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

---

### Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care

---

### Reasons for our judgement

We spoke to five people on the day of our inspection. All of them told us they liked living at Oakley House. One person told us, "The best thing about being here is being independent". Another said, "I'm a long way from home but I've got my independence. That's what matters".

One person told us they volunteered at a school two days a week. We saw the transport arrangements scheduled in the rota. Another told us they were a member of a local committee and showed us their identity badge. Someone else told us, "Staff are teaching me to budget". This demonstrates that people were supported in promoting their independence and community involvement.

We saw that people were free to come and go. The 'in and out book' was well used. We also saw that people were encouraged to prepare a weekly timetable. This was to ensure that staff could be allocated to provide support.

People told us about what they liked to do. We heard about one person's plans to go to a disco. Staff had been identified to go. Someone else told us, "I go to the cinema and do karaoke". We saw that regular activities such as bowling were publicised on the notice board. This shows that people who use the service were given choices about how to spend their time.

Minutes from meetings showed that people had an opportunity to be involved in the running of the home. For example, minutes from the December meeting showed that there had been a discussion about the Christmas arrangements. We also saw that people had been told about a new person coming to Oakley; and how they could help promote their dignity if they were unwell. This demonstrates that people who use the service were given appropriate information.

We saw that the rooms were all different and that people had arranged their belongings. One person told us, "I am moving my room around to make more space. I could ask for

help if I needed it". Another person told us, "My room is my home".

We saw that staff were kind and respectful to people. They knocked on bedroom doors and spent time in conversation. We also observed a good rapport between staff and people. For example, we heard one person apologise for being 'moody' earlier in the week. However, the provider may want to note that two people commented that staff were "bossy". One person added, "Staff need to put themselves in our shoes sometimes- they seem not to have in mind that we live here".

Two people talked to us about their health problems. It was clear that they had a good understanding about their conditions and the care options available to them. We were told, "I am going to do a course to help me become more independent". This shows that people expressed their views and were involved in making decisions about their care and treatment.

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

---

**Our judgement**

---

The provider was meeting this standard.

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

---

**Reasons for our judgement**

---

People we spoke to were mostly positive about the care and support they receive at Oakley House. One person commented, "I get on with the staff pretty well. They understand your needs and look after you if you are feeling down".

Staff told us that where possible they involved people in planning their care. Some commented that this could be difficult. One member of staff told us that they were struggling, "The person won't sign their care plan". We saw this had been documented.

We reviewed four care plans. All were written in a person centred way. The care plans included an overarching care plan and essential lifestyle plan. These were supplemented with specific support plans and risk assessments. They also contained a range of other information such as health information, communication plans and guidelines. We saw that people had regular contact with health professionals such a speech and language therapist, psychologist and psychiatrist. This shows that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Some of the documents within the care plans were not signed or dated. However, we did see action plans at the front of each folder highlighting the gaps. These had been compiled during November. We were told that this work was being actively progressed. We also saw that two care plans a month were reviewed as part of the provider's regular audit schedule.

We were told that each person has an annual review facilitated by their care manager, not the provider. There was not always a record of the review meeting in the care plans we looked at. The provider confirmed that staff attend the review meetings and would keep a file note of key points until the review documents are made available.

Four sets of daily notes were checked. We found these to be legible, up to date and signed.

**People should be protected from abuse and staff should respect their human rights**

---

### **Our judgement**

---

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

---

### **Reasons for our judgement**

---

The four staff we spoke to all told us they had training in safeguarding. All were able to describe what they would do if they had concerns about abuse. Most said they would report concerns to their line manager. Two people were unaware they could report concerns directly to the Care Quality Commission. Training records showed that two people required either update or next level training; this was booked on the day of our visit.

Information about safeguarding could be found on the notice board in the manager's office. This included the contact details for the local safeguarding team. Information for people who use the services could be seen on their notice board in the hallway.

We asked people who use services if they felt safe at Oakley House. They all told us they did. One person told us about a concern they had reported. We discussed this with the manager who showed us the paperwork and file notes. We saw that the safeguarding procedure had been followed. This means that the provider responded appropriately to a safeguarding concern.

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

---

## **Our judgement**

---

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs. In order to remain compliant, the provider needs to ensure that appraisals are carried out annually and that the training matrix is kept up to date.

---

## **Reasons for our judgement**

---

We spoke to four staff on the day of our inspection. Most said they enjoyed working at Oakley House. One said, "I love working here". Another told us, "The team is close. We are well supported. The manager and new team leader are really good".

All staff told us they had access to training and felt supported. We were told that supervision meetings were regular. Personal files showed that supervision meetings had taken place every six to eight weeks since the manager returned from maternity leave in July; previously, they were taking place less often.

Three staff told us they had an annual appraisal; the other had not been in post a year. However, their personal files showed that none had received an appraisal in the last year. We discussed this with the manager who told us that appraisals had not been undertaken by the temporary managers. We were told that these would be completed by the end of March.

We looked at the staff rota and saw that named staff were present. We saw that office days, training and annual leave were built into the rota. Two staff told us there were enough staff at Oakley House. However, one said, "Sometimes it feels short staffed- when people phone in sick or certain activities are planned". Another told us, "Staffing is tight when someone falls sick, but it is swings and roundabouts". We were told that an additional member of staff would be appointed as the new person would need one to one support.

The computerised training matrix provided an overview of staff training. However, the manager told us it was not up to date. We also saw a computerised training folder was held for each member of staff. This showed that most staff had completed mandatory training, but not when updates were due. The manager confirmed that the matrix would be updated to make sure it was easy to see when update training was required.

We heard about the induction for the new member of staff. They commented, "It was really good". The member of staff also told us, "I feel really happy here".

## Assessing and monitoring the quality of service provision

✓ Met this standard

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

---

### Our judgement

---

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

---

### Reasons for our judgement

---

We saw that monthly audits were carried out by managers from the provider's other homes. The audits covered areas such as staffing, training, safeguarding and complaints. The audit for November had highlighted a number of areas for action; we were told these would be reviewed at the time the next audit takes place. This shows that the provider took action to improve the service.

The complaints folder showed that three complaints had been made during July 2012. We saw that these had been responded to. They related to the same issue and we were told this had been resolved when the manager came back from maternity leave that same month. We also saw that compliments about the service were kept. One letter from a family thanked the team for their kindness and support.

We saw that fire procedure audits were regularly completed. We reviewed the audits for December 2012 and January 2013 and found that actions were recorded. We saw a fire evacuation register, following an unexpected fire alarm during the night. It was recorded that two people did not get up. We were told they had been reminded about the procedure. This shows that learning took place and follow up action was taken.

**People's personal records, including medical records, should be accurate and kept safe and confidential**

---

## **Our judgement**

---

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

---

## **Reasons for our judgement**

---

The provider had an information governance management framework and we saw that it had been reviewed during 2012. We also saw from minutes of a staff meeting that information governance had been discussed during the year.

We saw that personal files were kept in a locked cabinet in a locked room. The office and cabinet were only accessible to the manager and team leader. We also saw that care records were kept in the staff office which was locked at all times. Grab sheets for people were also kept in the staff office- on hooks for rapid access. This shows that records were kept securely and could be located promptly when needed.

The four personal files that we looked at were properly indexed and included sections such as application form, references and sickness information. All the files were compiled according to the index system. This shows that staff records and other records relevant to the management of the services were accurate and fit for purpose.

Arrangements were in place for archiving. We saw that each person had a box in the basement where their records were transferred to as their care plans were updated. We were told about the provider's archiving room where the boxes are transferred to when full. This shows that a system was in place.

## 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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.

## Contact us

---

Phone: 03000 616161

---

---

Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) 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.

---