

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

## The Oakleaf Care Group (Hartwell) Limited

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Date of Inspection: 28 January 2013

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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

**Supporting workers** ✓ Met this standard

**Complaints** ✓ Met this standard

## Details about this location

Registered Provider	Oakleaf Care (Hartwell) Limited
Registered Manager	Mrs. Katherine Swannell
Overview of the service	The Oakleaf Care Group (Hartwell) Limited provide specialist brain injury rehabilitation and accommodation for up to 23 people.
Type of services	Care home service with nursing Rehabilitation services
Regulated activities	Accommodation for persons who require nursing or personal care 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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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.

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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 28 January 2013, 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 staff.

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### What people told us and what we found

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We spoke with four people who used the service. They all spoke positively about the service. One person told us "The service that I have received has been amazing; it's given me a new chance at life". Another person told us "They've pushed me to do things to help me and pulled me back when they've needed to".

We spoke with three staff members who told us that they felt well supported in carrying out their roles. One staff member told us "We try and support the people that live here to have the best quality of life".

We found that people's needs were assessed and that their care and treatment was planned and delivered to ensure that their needs were met. We saw that risks were assessed and that people had care plans in place to ensure that risks were managed.

We saw that the provider had an effective complaints system in place and that people's complaints were investigated thoroughly. We found that people who lived at the service felt safe and that when any allegations of abuse were made that the provider acted appropriately. We saw that staff were supported through training, appraisals and in obtaining further qualifications.

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

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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 were 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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People expressed their views and were involved in making decisions about their care and treatment. We looked at the care records of three people who used the service. We found that where people had capacity to agree to and be involved in decisions about their care and treatment that their care records had been signed to show their agreement and consent. We saw that where it was recorded that people did not have the capacity to be involved in their care plans that a mental capacity assessment had been carried and a best interest decision made.

We saw that people's likes and dislikes had been recorded and that people were invited to attend review meetings that were held to discuss their care. We saw from one person's records that they had chosen to attend their review meeting and that they were involved in the discussions and that they were given the opportunity to express their views. We saw that one person had chosen not to attend their review meeting but their views were obtained prior to the meeting and fed into it. This meant that people were able to participate in decisions relating to their care.

People were supported in promoting their independence and community involvement. We saw from one person's records that they were able to visit the local shop on their own and that they were supported to catch the bus to the town centre. We spoke with two people who used the service who told us that they had been supported to carry out gardening and maintenance work around the grounds. We saw that there was a newsletter that was produced by people using the service every two months. This included information and photographs of events that had taken place, interviews with people, reviews of people's holidays and also had activities to complete.

People's diversity, values and human rights were respected. We saw how one person was supported to attend a church of their choice on a regular basis. We saw that the kitchen had attempted to make culturally appropriate food for a person that used the service. We saw that the person was not satisfied with the food so food had then been sought from an

external provider to ensure that the person's needs and preferences were met. We saw that activities were planned to meet individuals' needs. This meant that people were supported to carry out activities that were important and rewarding to them.

We spoke with three staff members who were all able to provide us with examples of how they would promote people's independence while they were supporting them. The staff were also able to provide us with examples of how they respected people's privacy and dignity. We saw that staff treated people who used the service with respect. This meant that staff were able to identify the things that they could do to ensure that people who used the service had their privacy, dignity and independence respected.

**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 meeting this standard.

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

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw that people's needs were assessed and a plan of care and treatment put in place. We saw that this was regularly reviewed in a multi disciplinary meeting. We saw that there were sessions planned for people throughout the day. We saw that these included things such as a physical activity group, playing a game of pool and a quiz. These were on display on a board in the house. These provided structure to the day and were planned with people individually to help them to achieve their aims. We saw that the sessions that were taking place on the day of our visit were consistent with people's plans.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. We saw that risks were identified and assessed and that care plans were put in place to ensure that the risks were managed. We saw that risks assessments and care plans were regularly reviewed to ensure that they were up to date and meeting people's needs.

We saw that where people were unable to verbally express their feelings there were behaviour charts in place. These identified how people would express different types of feelings. This meant that staff were able to identify these feelings and support people appropriately.

We saw that people were supported to access health professionals within the organisation and that they were also supported to attend appointments with external health professionals such as dentists and GP's. This meant that people had access to professional advice for their welfare.



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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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The provider responded appropriately to any allegation of abuse. We saw that where people had made allegations of abuse this had been recorded and referred to the local safeguarding authority. We saw that when the provider had been asked to investigate any allegations that they had carried out a thorough investigation and if required put a protection place in place.

We spoke with four people who used the service who all told us that they felt safe. We spoke with three staff members who were all able to tell us about their role within the safeguarding process. They told us that if they ever saw any of their colleagues carrying out any form of abuse that they would have no hesitations about reporting it.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening. We spoke with staff who were able to tell us about the safeguarding policy in place and they told us that they had been on safeguarding training. We saw that where people displayed behaviours that challenged staff, the staff were provided with appropriate training and people who used the service were provided with support to understand people's behaviours. We also saw that people were provided with support to understand appropriate and inappropriate behaviours.

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

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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Staff received appropriate professional development. We looked at the records of four staff who worked at the service. We saw that annual appraisal records for three of the staff and the probation documents for the other staff member who had recently been employed.

We found that all four staff members had received training for the providers' mandatory courses and some staff had also attended additional more specific training to meet the requirements of the service. This meant that staff were provided with appropriate training to enable them to meet the needs of people who used the service.

We spoke with three staff members who all told us that they felt well supported in their roles and that they received regular supervision and training to enable them to carry out their roles.

Staff were able, from time to time, to obtain further relevant qualifications. We spoke with the manager who told us that there were two staff currently completing level three qualifications in health and social care and five staff that were currently completing a level two qualification in health and social care. We spoke with two staff members who confirmed this and one staff member also told us that they were being supported to complete an instructor's qualification so they would then be qualified to deliver some training.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints policy in place. Comments and complaints people made were responded to appropriately.

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**Reasons for our judgement**

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People were made aware of the complaints system. This was provided in a format that met their needs. We found that when people started to use the service they were provided with a service user guide. We saw that the guide contained information about concerns and complaints and people were also provided with a complaints leaflet. The leaflet provided people with information about making a complaint and used pictorial aids to help people to understand.

People were given support by the provider to make a comment or complaint where they needed assistance. We found that the complaints policy provided people with details of who to address complaints to and provided them with timescales in which they could expect a response. The policy also provided details of the local ombudsman, local advocacy services and some local solicitors. This meant that people were provided with the details of people who could support them and who to take their complaint to if they were not satisfied with the response they had received.

We asked for and received a summary of complaints people had made and the provider's response. We saw that each complaint had been entered onto the complaints register, a meeting held with the complainant, an investigation carried out, action taken and a response made. We saw that dates were clearly documented and that timescales within the policy had been met. The provider might like to note that where an action had been agreed and documented to be reviewed within a given timescale we were not able to find any evidence that it had been followed up.

People's complaints were fully investigated and resolved, where possible, to their satisfaction. We saw that all complaints were investigated and a meeting held with the complainant to ensure that they were aware of the outcome. Out of the six records that we looked at we saw that five had a signed outcome to show the complainants agreement with it. This meant that the provider gave feedback to people who had raised a complaint about the outcome of it.

## 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.

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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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