

# Review of compliance

Mrs P M Eales t/a Just Homes Limber Oak	
<b>Region:</b>	South East
<b>Location address:</b>	Crookham Common Newbury Berkshire RG19 8BR
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	April 2012
<b>Overview of the service:</b>	Limber Oak is a care home without nursing that provides care for up to seven people with learning difficulties.

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

## Our current overall judgement

**Limber Oak was meeting all the essential standards of quality and safety.**

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 and carried out a visit on 12 March 2012.

### What people told us

People living in the home had individual communication needs and were unable to provide their views about their experiences of living in the home. However we saw that people were involved with their care and the running of the home.

### What we found about the standards we reviewed and how well Limber Oak was meeting them

#### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

The people who lived in the home received care and support according to their needs, preferences and personal wishes. They were involved, with the support of staff, in decisions about how the service was delivered through regular meetings and discussions. Overall, we found that Limber Oak was meeting this essential standard.

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

The people living in the home received the personal and healthcare support that they required. People's preferences of how they wished to live had been listened to and acted upon by staff. There was evidence of regular reviews of documented information about meeting people's health, social and personal interests. Overall, we found that Limber Oak was meeting this essential standard.

#### **Outcome 07: People should be protected from abuse and staff should respect their**

## **human rights**

People living in this service were protected from abuse and the risk of abuse. In addition, their human rights were upheld by suitably qualified and trained staff who were familiar with the appropriate safeguarding policies and procedures of both the organisation and external agencies.

Overall, we found that Limber Oak was meeting this essential standard.

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

People who use the service were safe and their health and welfare needs were met by competent, well supported and appropriately trained staff.

Overall we found that Limber Oak was meeting this essential standard.

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

People using this service were kept safe by the provision of quality care, treatment and support. The home was run by an effective manager who made decisions in the interests of people living in the home. Risks to the health, welfare and safety of people were managed appropriately.

Overall we found that Limber Oak was meeting this essential standard.

## **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 01: Respecting and involving people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

## What we found

### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

### Our findings

#### What people who use the service experienced and told us

We were told that independence and individuality were promoted within the home. People living there were supported and enabled to do things for themselves. They were encouraged to express their views and participate in making decisions relating to their care and treatment.

#### Other evidence

Care plans had been developed for each individual and we saw examples of person centred support plans. The plans documented people's wishes and preferences in relation to how their care was provided, how they liked to spend their time and how they preferred to be supported. We were told that there were plans to archive much of the information currently held within care plans.

The plans, including risk assessments, were developed and regularly reviewed in consultation with the individual where possible. Reviews of care plans were converted into pictorial formats and key workers discussed the contents with individual people. Those plans seen confirmed that this was the case. They provided structure and guidance for members of staff, to ensure that identified current and ongoing care and support needs could be met consistently and safely.

During our visit we saw that people were being spoken to and supported in a sensitive, respectful and professional manner.

The service had an activity coordinator. During the visit we saw that people were involved in outdoor activities, puzzles and a music session.

**Our judgement**

The people who lived in the home received care and support according to their needs, preferences and personal wishes. They were involved, with the support of staff, in decisions about how the service was delivered through regular meetings and discussions.

Overall, we found that Limber Oak was meeting this essential standard.

## 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

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

People were invited and supported to attend meetings where their care was discussed. They were encouraged and supported to be involved in decisions about their care and were kept safe living in the home.

##### Other evidence

Care plans seen provided assessments of people's needs and included clear guidance for staff on how support should be provided. Staff who were spoken with were knowledgeable about how individual people using the service liked to be addressed and how their health and social care needs were to be met.

There were regular monthly key worker meetings where the needs of people living in the service were discussed with them. Care plans were updated accordingly and documentation was seen that demonstrated that regular reviews had taken place.

Care plans indicated that a wide range of health care professionals were regularly consulted, with regard to the health care needs of individual people living in the home. These included opticians, general practitioners, dentists, psychiatrists and physiotherapists. Health action plans were in place and we saw documentation that demonstrated that everyone in the home participated in an annual health check with their general practitioner. We were told that health action plans were to be updated.

Social needs were clearly documented and each person had their own timetable of activities. Examples of leisure pursuits included café and pub visits, sensory sessions,

music sessions, social clubs, cinema trips, horse riding and regular walks.

There were risk assessments in place within the care plans seen, which were individual to the person and included management plans designed to reduce the risks identified.

**Our judgement**

The people living in the home received the personal and healthcare support that they required. People's preferences of how they wished to live had been listened to and acted upon by staff. There was evidence of regular reviews of documented information about meeting people's health, social and personal interests.

Overall, we found that Limber Oak was meeting this essential standard.

## 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

People living in the home were not specifically asked about whether they were protected from abuse due to their communication needs. However, evidence seen indicated that they were kept safe. In addition, staff were sensitive to the needs of individuals and acted without delay when someone was upset, distressed or unwell.

##### Other evidence

Staff training records were seen and indicated that all staff had received training and some updates in safeguarding adults. Some staff had received training regarding the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Therefore, people could be sure that any decisions were made in their best interests and were reviewed in line with appropriate guidelines.

The service had made appropriate referrals to the local deprivation of liberty authority over the last 12 months.

Staff spoken with demonstrated a good understanding of safeguarding issues. They were able to provide a clear account of what action they would take if they witnessed any abuse or suspected that abuse had taken place. The inter-agency policy and procedures for the safeguarding of adults was readily accessible to staff.

##### Our judgement

People living in this service were protected from abuse and the risk of abuse. In addition, their human rights were upheld by suitably qualified and trained staff who were familiar with the appropriate safeguarding policies and procedures of both the

organisation and external agencies.

Overall, we found that Limber Oak was meeting this essential standard.

## 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

People were observed as comfortable with staff, who were friendly and supportive.

##### Other evidence

There were comprehensive systems in place within the service designed to support staff in their role. For example, regular key worker meetings were held to discuss individual people's needs. Team meetings were held regularly and were generally well attended. Documentation, in the form of meeting minutes, was seen by the inspector. Staff spoken with told us that they felt well supported and that the manager was supportive, approachable and acted upon concerns or requests without delay. Managers were supported through six weekly home managers' meetings which were organised by the provider.

Staff training was organised and monitored by a designated staff member. Staff told us that training was readily available and updates were regularly held. The service maintained a staff training record, which was seen. This record detailed all training undertaken and highlighted where refresher training was due for individual staff members. In addition to core training, including first aid, fire awareness and moving and handling, training specific to the needs of the people currently living in the home was undertaken. This included epilepsy and autism.

Some senior staff were allocated junior staff to supervise. All senior staff were supervised by the manager. Supervision took the form of one to one meetings which were held approximately every two months. Records were maintained and were used to discuss any issues and development and training needs. Documentation indicating that

these meetings had been held was seen by the inspector.

**Our judgement**

People who use the service were safe and their health and welfare needs were met by competent, well supported and appropriately trained staff.

Overall we found that Limber Oak was meeting this essential standard.

## 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

People were involved with decisions about the running of the home as far as they were able.

##### Other evidence

The care provided to people living in the home was regularly monitored and plans were updated as and when changes occurred. Risk assessments were in place and were reviewed and updated regularly.

Quality assurance surveys for people who use the service, their relatives, staff, GPs and other interested parties were conducted on an annual basis. An analysis of the results had not been recorded. The manager told us that future surveys would result in a written analysis which would include the required actions and information about when these had been addressed.

A range of audits were carried out by the organisation to ensure that policies and procedures were being followed appropriately. These included a bi-monthly household appraisal that was conducted by rotating staff. The purpose was to ensure that equipment was working appropriately and that the fabric of the house was being maintained to an acceptable standard. An external pharmacist conducted an inspection of the arrangements for medication in the home in November 2011 and no deficits were identified. An environmental health officer conducted an inspection of the food hygiene arrangements in the home in August 2010 and concluded that the home provided good outcomes for people living in the service. A fire service inspection was conducted in

November 2010 where a number of recommendations were made. We were told that all recommendations had been complied with.

Quality and management monitoring visits were carried out monthly by the provider. These were designed to ensure that the needs of people living in the service were being met appropriately and that quality standards throughout the home were being adhered to by the manager and the staff. These reports were detailed and included action plans.

**Our judgement**

People using this service were kept safe by the provision of quality care, treatment and support. The home was run by an effective manager who made decisions in the interests of people living in the home. Risks to the health, welfare and safety of people were managed appropriately.

Overall we found that Limber Oak was meeting this essential standard.

# 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

<b>Document purpose</b>	Review of compliance report
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