

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

Limber Oak

Crookham Common, Newbury, RG19 8BR

Tel: 01635871213

Date of Inspection: 13 February 2013

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

Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Staffing	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Mrs P M Eales t/a Just Homes
Registered Manager	Mrs. Lyn Allen
Overview of the service	Limberoak is a care home without nursing for up to seven people with a learning disability.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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'.

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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 13 February 2013, observed how people were being cared for and talked with carers and / or family members. We talked with staff.

What people told us and what we found

We looked at a range of records, spoke with the assistant manager, three support staff and the cook in private. We also spoke with a relative of a person living in the home. We saw the communal areas of the home, some people's bedrooms and spent some time observing interactions between staff and people living in the home. We spoke with the local authority who told us that they had no concerns about the home.

People living in the home had individual communication, and behavioural needs and no one was able 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 as far as they were able. We observed people being offered choices including whether to be involved in an activity.

We were told that independence and individuality were promoted within the home. People living there were supported and enabled to do things for themselves as far as they were able. They were encouraged to express their views using their preferred individual communication styles and to participate in making decisions relating to their care and treatment.

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 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

Care and welfare of people who use services

✓ Met this standard

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

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We were told that all care plans were being revised in order to archive historic information and to enable easier access to the most up to date and relevant information. To date only one care plan had been updated into the new format. We reviewed two care plans. They provided assessments of people's needs and included guidance for staff on how support should be provided. It was clear that the revised plan was arranged in such a way that assessments and other guidance for staff was more readily accessible. However, the provider may wish to note that some documentation in the new format was not dated and the name of the author was not always evident.

Care plans seen included evidence that indicated a wide range of health care professionals were regularly consulted with regard to the health needs of individual people living in the home. These included psychologists, opticians, general practitioners, psychiatrists, dentists and chiropodists. The people who used the service had an annual comprehensive health check carried out by the same General Practitioner from the local surgery. The assistant manager told us that everyone living in the home received regular dental checks. Health Action Plans were located but had not been recently updated.

Social needs and preferences were documented and each person had their own timetable of activities. We were told that staff were always encouraged to report on peoples reaction to activities to ensure that they remained relevant and enjoyable for the individual. We were shown documentation that recorded this information. Staff spoken with were knowledgeable about how individual residents liked to be addressed and how their health and social care needs were to be met.

Documentation was seen that demonstrated that regular reviews of care plans had taken place. These reviews were undertaken when changes to a person's needs were noted, as part of monthly update summaries, six monthly and more formally on an annual basis. Annual reviews included invitations to family members and people involved with their care such as care managers. There were risk assessments in place within the care plans seen

that were individual to the person and included management plans designed to guide staff on how to reduce the risks identified. The provider may wish to note that although there was evidence that risk assessments were reviewed at least annually some of the risk assessments had not changed for many years. This gave the impression that individuals and associated risks had not changed for significant periods of time.

Throughout the course of the inspection interactions between staff and people were observed as warm, friendly and respectful. Staff were observed to knock on peoples doors before entering. People were asked what they would like to do and were given choices about how to spend their time. For example, one person indicated by playing a musical instrument they wanted the staff member to support them with this.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People were supported to be able to eat and drink sufficient amounts to meet their needs. The food provided was prepared on a daily basis by a designated cook who worked four days per week and some Fridays. Menus were drawn up on a rolling monthly programme but were subject to change according to individual preferences. Menus took account of the nutritional needs and preferences of individuals. Individuals reactions to food offered was noted and it was clear from discussions with staff that the preferences of individuals was well known and understood. A range of picture cards were used to assist some people with their food choices.

There were no specific dietary needs other than weight control across the current resident group. The service took account of healthy eating principles when making food and menu choices in order to assist people to maintain healthy weights. It was clear from indirect observations of the lunchtime period that they were conducted within a calm and orderly atmosphere. People were assisted with their meal with gentle verbal prompts where necessary.

A range of food safety checks were undertaken including fridge and freezer temperature checks and food temperature probing prior to the serving of cooked food. Records for these checks were seen. A food safety inspection was conducted by the environmental health department on 17th March 2012 and a five star excellent rating was awarded. We were told that cleaning schedules included regular defrosting of freezers however documentation to support this was not available on the day of the inspection.

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

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained. A range of internal checks and external servicing contracts were in place. Records seen included, a five yearly electrical installation check, repairs to doorguards and monthly internal audits of the condition of the premises and fittings. In addition, documentation confirmed that checks had been undertaken on hazards which could lead to slips, trips or falls.

There were in-house checks of the fire safety system and fire safety equipment. This was supported by regular servicing of all fire equipment and the fire alarm system by an external contractor. A fire safety assessment of the premises was in place. Regular fire drills were conducted and those people and staff involved on each occasion were recorded together with the time of the drill. The provider may wish to note that the majority of fire drills were undertaken at the same time of day. This does not afford staff the experience of conducting drills at different times of the day when other pressures or considerations might have to be made.

The provider had in-house maintenance staff who visited the home regularly and were described as responsive when repairs were required. We were told any work that required specialist attention was outsourced without delay, however, it was not possible to accurately track when maintenance issues were raised and when they were addressed from the documentation seen.

The provider may wish to note that there was duplication of information across different files within the storage area. It was difficult to follow the logic of the filing system and made accessing relevant documentation difficult and time consuming. This could lead to staff selecting information which was not the most up to date.

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.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs. We spoke to all permanent staff on duty who told us that the numbers of staff in the home were generally sufficient to meet the needs of the people. However, when staff were off work through sickness, particularly at short notice, this could place additional pressures on the team. We were told by the assistant manager that the service did on occasions use agency staff but more recently had accessed a pool of bank staff which the provider had arranged. Staff told us that this was a more satisfactory solution to staff shortages because they provided more consistent care for people. We saw the staff rota and this confirmed what we were told about staff numbers. The provider may wish to note that the cook was often included in the care staff numbers on shift despite the fact that she did not undertake care tasks with people. The home had struggled with maintaining a full staff team. The service is geographically isolated and was served by infrequent public transport. However, the home had an experienced and stable core of staff who were described as supportive to each other and were committed to providing a high standard of care to people living in the home. We were told that communication about people's needs was good and important information was passed on to relevant staff without delay. We saw the communication book which supported what we were told.

The service organised and monitored training by using a named and designated member of staff. We were shown the staff training records. All staff received comprehensive training in a range of topics which were updated according to required timescales. Training records provided confirmed that all staff employed at the home were either up to date with all training requirements or were due to be booked onto forthcoming courses. We were told by staff that the training provided was of a good standard and access to courses was supported by the organisation.

Staff told us that they felt supported in their roles and were clear about the expectations placed upon them. All staff had access to periodic meetings, one to one recorded supervision sessions and annual appraisals. Records seen confirmed that this was the case. The provider may wish to note that some staff felt that there was a difference in management approach to certain staff members which had led to feelings of unfairness and inequality. We were told that some staff were treated more favourably than others. Staff told us that they felt that this had led to staff resignations. If staff continue to feel aggrieved this could lead to further staff resignations thereby reducing the consistency of

care provided to people.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

There was a complaints policy and procedure in place. People were made aware of the complaints procedure. The procedure was provided in a format that met their needs. A relative visiting the home told us that they knew who to speak to if they had concerns and they were confident that they would be listened to and their concerns would be acted upon.

The service actively sought feedback and peoples' views through the use of care plan reviews, residents' meetings and through the formal annual review process. A complaints log was maintained. There had been one complaint recorded since 2010. Records seen demonstrated that this complaint had been addressed appropriately and to the complainants' satisfaction.

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.

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