

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

Oakland Nursing Home

White Point Road, Whitby, YO21 3JR

Tel: 01947602400

Date of Inspection: 17 July 2013

Date of Publication: August 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Supporting workers

✓ Met this standard

Assessing and monitoring the quality of service provision

✓ Met this standard

Details about this location

Registered Provider	Oakland Care Limited
Registered Manager	Mrs. Pauline Stonehouse
Overview of the service	Oakland care home is registered to care for up to a maximum of 27people. The home provides nursing care. It is located on the West Cliff area of Whitby within easy reach of the town's amenities.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Oakland Nursing Home had taken action to meet the following essential standards:

- Supporting workers
- Assessing and monitoring the quality of service provision

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 17 July 2013, observed how people were being cared for and talked with staff.

What people told us and what we found

We carried out this inspection to follow up on areas for improvement which we identified in our inspection of 24 April 2013.

We found that staff training was up to date and that further training was planned. This ensured that people had the benefit of care from staff who had the skills to offer appropriate care. Staff were well supervised and supported in their role.

The service had a system in place to monitor and review the quality of care.

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

Supporting workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Staff received appropriate professional development.

Our inspection of 24 April 2013 found that there was insufficient written evidence that staff had received the required training to ensure they could care for people's needs

The service wrote to us and told us that they had put plans in place to address the training which was out of date.

We saw at the earlier inspection that staff received induction training so that they had a broad overview of the care people needed.

During the inspection of 17 July 2013 we saw records for training in Health and Safety, Control of Substances Hazardous to Health (CoSHH), Food Safety, Fire, Moving and Handling, Equality and Diversity, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and Medication training. We saw that training had been booked for August 2013 in infection control, safeguarding and abuse awareness, first aid and dementia awareness. Specialist update training had taken place for example in Pressure area Prevention, Catheterisation and Percutaneous Endoscopic Gastrostomy (PEG) nutrition. The manager told us that they had signed staff up to the local authority computer learning zone and had also sourced more training through St Catherine's Hospice in Scarborough. Nurses were training to achieve a Palliative Care Passport so that they were better equipped to offer people the most appropriate care when they reached the end of life. This ensured that staff were receiving appropriate training to ensure they could meet people's nursing and other care needs.

We noted that at our previous inspection of 24 April 2013 some training records had not been available and this had given the impression that staff did not have training in some areas. There had been a change of management at the home and this had contributed to the inaccessibility of some records. At the inspection of 17 July 2013 these records had been located or reproduced which provided evidence that training had taken place.

We saw that staff had the opportunity for one to one support in supervision and that their practice was monitored by the manager in these meetings, as well as on a day to day basis during hand overs between shifts and through regular staff meetings.

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 received.

Reasons for our judgement

Our inspection of 24 April 2013 found that there was insufficient evidence that the home monitored the quality of the service so that it could improve.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

We saw that the home had held meetings where staff had the opportunity to contribute their thoughts on the running of the home and where requirements for improvements could be communicated to them.

We saw that the home had carried out audits, for example on environmental safety, infection control, medication, falls and the quality of meals. We saw that there were regular checks on gas and electrical safety, water and equipment. We saw the latest environmental health report for the home, which was issued in 2012 and this had recorded a good rating. The home had environmental risk assessments in place which were reviewed, and we saw the fire risk assessment and evacuation plan along with weekly checks on fire fighting equipment.

Where shortfalls had been identified, we saw that actions plans were in place and noted that all audits showed an improving trend.

We saw that specialists had been consulted where necessary and that advice had been incorporated into care plans.

We saw that accidents and incidents were recorded and analysed in a regular meeting to ensure that risks of re-occurrence were minimised. Required actions were transferred into individual care plans.

The manager had carried out two resident meetings since the last inspection, where comments had been recorded on the quality of entertainment and food. These comments had been discussed in staff meetings and changes had been put in place.

We sampled eight survey forms which had been completed by relatives of people who lived at the home. People made positive comments, for example, one person had written: "You are doing a really good job". Another person written "My (relative) seems happy and is well looked after".

This ensured that the service monitored the quality of care and put improvements in place as a result of consultation and audits.

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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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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