

# Review of compliance

Laudcare Limited Oaktree Care Home	
<b>Region:</b>	South West
<b>Location address:</b>	Lark Rise Brimsham Park, Yate Bristol BS37 7PJ
<b>Type of service:</b>	Care home service with nursing Care home service without nursing
<b>Date of Publication:</b>	August 2012
<b>Overview of the service:</b>	Oaktree House care home is a nursing and residential home in Yate providing residential care, nursing care and respite care for up to 80 people including those with dementia and requiring palliative care.

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

## Our current overall judgement

**Oaktree Care Home was not meeting one or more essential standards. Action is needed.**

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, carried out a visit on 26 July 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

### What people told us

We spoke with two people who lived in the home. They told us they were happy and felt well looked after. They said staff were good and gave them the assistance they needed. They told us their relatives were made to feel welcome and they liked the variety of food. People told us staff called them by their preferred name. They both told us they would speak with a nurse if they were unhappy about anything.

We spoke with three relatives of people living in the home. One of them told us how their mother moved into the home in a very frail condition from hospital. They said their mother had gained weight, had recovered from ulcerated legs and had an improved quality of life. The home had arranged for a special chair that enabled the person to spend the day in the lounge which they liked to do. The relative said they were happy that their mother lived in the home and that staff responded to all requests. They said they would complain if they were unhappy and felt they would receive a good response.

Other relatives told us they were happy with the service provided at Oaktree House. They said they had no reason to complain but would be listened to if they did.

A visitor who came to the home to see their ex-neighbours said they always found them well dressed and had never seen anything they were not happy about.

The four staff we spoke with were happy in their work. They had worked at the home for varying lengths of time and had different roles. They all said they felt supported by the management of the home. One of the staff spoke about the good team working in the home and the pleasant atmosphere.

We met a visiting medical professional. They told us they had been visiting the home for a number of years and had good relationships with staff who were friendly. They said they usually got all of the information they needed and staff followed instructions well.

## **What we found about the standards we reviewed and how well Oaktree Care Home 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**

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

The provider was meeting this standard.

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

People experienced care, treatment and support that met their needs and protected their rights. However there was still work to be done to ensure records to enable monitoring of people's care and welfare were complete.

The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

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

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.

The provider was meeting this standard.

### **Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

There were enough qualified, skilled and experienced staff to meet people's needs.

The provider was meeting this 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**

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

The provider was meeting this standard.

## **Actions we have asked the service to take**

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take. We will check to make sure that this action has been taken.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

## **Other information**

In a previous review, we found that action was needed for the following essential standards:

- Outcome 09: People should be given the medicines they need when they need them, and in a safe way

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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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 spoke with two people who lived in the home. They told us they were happy and felt well looked after. They said staff were good and gave them the assistance they needed. They told us their relatives were made to feel welcome and they liked the variety of food. People told us staff called them by their preferred name. They both told us they would speak with a nurse if they were unhappy about anything.

A survey was completed recently. People were asked to comment on the service provided. The results of the survey were analysed and details were given to people and their relatives. Actions from the survey results were added to the homes ongoing 'to do' list.

##### Other evidence

When we spoke with the deputy manager they told us about plans to develop a support group for people and their relatives. They said they hoped it would enable people to share their experiences about living and visiting Oaktree House.

There were two 'Dignity Champions' among the staff group. Dignity Champions are staff who wanted to make a difference by improving standards of dignity in care.

We saw there were life stories completed in respect of most of the people who lived in the home. These were to help staff understand people's past and see them as the person they were. They were designed to encourage interaction between people and staff and remind staff that people still had something to contribute.

The deputy manager told us that a 'key' worker system was to be introduced. People would have named supporters to assist with the management of their care.

**Our judgement**

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

The provider was meeting this 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 non-compliant with Outcome 04: Care and welfare of people who use services. We have judged that this has a minor impact on people who use the service.

#### Our findings

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

We spoke with three relatives of people living in the home. One of them told us how their mother moved into the home in a very frail condition from hospital. They said their mother had gained weight, had recovered from ulcerated legs and had an improved quality of life. The home had arranged for a special chair that enabled the person to spend the day in the lounge which they liked to do. The relative said they were happy that their mother lived in the home and that staff responded to all requests. They said they would complain if they were unhappy and felt they would receive a good response.

Other relatives told us they were happy with the service provided at Oaktree House. They said they had no reason to complain but would be listened to if they did.

##### Other evidence

The home was set over two levels in spacious gardens. There was ample visitor parking and access to the main entrance was level. There was a passenger lift between floors.

There were two vacancies at the time of our visit. We were told that these were booked for people to move into the home.

The downstairs provided general nursing and residential care while the upstairs provided a service for people with dementia. The dementia unit was split into two groups of twenty people.

The home was busy with relatives visiting some of whom we saw taking people out. There were activities during the morning. There was a singing activity in the dementia care unit that people we observed appeared to be enjoying. On the lower level we saw the activities coordinator playing cards with one person. In the afternoon hand massage was available for people from a visiting therapist.

We spoke with the activities coordinator for the dementia unit. They told us about the range of activities that included cooking and gardening and visiting entertainment twice each week.

We observed the mealtime experience in the dementia unit. Some of the people we observed ate well but only one of them appeared to be in a good mood. The others were not unhappy but did not show any expression. One of the people persistently left the table and was brought back by staff. One person was assisted by their relative and a member of staff spoke with the relative but did not engage with the person. A person was assisted by a member of staff from a standing position and we saw someone being prompted to eat when the spoon was offered to them. There was little verbal communication between the staff member and the person.

The mealtime seemed to be drawn out and people were observed leaving the dining room before dessert was served. We did notice that those who had left the dining room were offered dessert in the lounge. The manager showed us that a date had been set for them and the deputy manager to review catering in the home. They said that the organisation had an audit tool for the dining experience that they would use to assist with the review. There were plans in place to take photographs of meals to guide staff in relation to portion size because they had recognised that some people were given meals that were too large for them and food was wasted.

The manager told us about an accreditation scheme the home was to be involved with. To qualify, all peoples' records needed to be a certain standard. The scheme was related to Positively Enriching and Enhancing Residents Lives (PEERL). It was designed for working with people with dementia.

To help staff understand the needs of people the deputy manager and a care worker had undertaken training to cascade 'resident experience' training to other staff. The deputy manager described how staff would experience things the way people in the home did. Examples given were wearing greasy spectacles or using a wheelchair.

We saw there were life stories completed in respect of most of the people who lived in the home. These were to help staff understand people's past and see them as the person they were. They were designed to encourage interaction between people and staff and remind staff that people still had something to contribute.

We looked at the care records for five people. New documentation was introduced by the organisation and we saw 'work in progress' to complete this for all people.

For each person there was a needs assessment that included a photograph and consent form to agree to being photographed. There were 'core' assessments that needed to be completed for each person along with others that could be applicable. The records contained a medical history section and sections related to consent and capacity, medicines, mobility, nutrition and continence management. In addition we

noted there were records for personal hygiene, skin integrity, psychological needs along with choices and preferences

**Our judgement**

People experienced care, treatment and support that met their needs and protected their rights. However there was still work to be done to ensure records to enable monitoring of people's care and welfare were complete.

The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for 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

We did not speak with people who lived in the home about this outcome although people told us they felt safe.

##### Other evidence

The safeguarding policy was displayed in the entrance to the home.

Staff we spoke with said they had completed safeguarding training. They understood the different types of abuse and knew about the importance of reporting suspicions of abuse.

There was recent training for nurses in the principles of the Mental Capacity Act. This was to help them understand people's psychological needs. In addition there was on-line learning for all staff in safeguarding vulnerable adults and the Deprivation of Liberty Safeguards (DOLS). Records showed that by 25 June 2012 all nurses had completed the DOLS training and 70% of care workers had completed it. Similar percentages of staff had completed the on-line safeguarding training.

One of the staff we spoke with told us they would challenge a colleague if they felt they were speaking inappropriately to people.

##### Our judgement

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.

The provider was meeting this standard.

## Outcome 13: Staffing

### 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 sufficient numbers of appropriate staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 13: Staffing

#### Our findings

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

The people we spoke with said staff were good and gave them the assistance they needed.

A relative said they were happy that their mother lived in the home and that staff responded to all requests.

The four staff we spoke with were happy in their work. They had worked at the home for varying lengths of time and had different roles. They all said they felt supported by the management of the home. One of the staff spoke about the good team working in the home and the pleasant atmosphere.

We met a visiting medical professional. They told us they had been visiting the home for a number of years and had good relationships with staff who were friendly. They said they usually got all of the information they needed and staff followed instructions well.

We saw a member of the catering staff assisting people in the home in a kind and reassuring way.

##### Other evidence

The manager informed us the home was fully staffed. There was one nurse waiting to commence employment and one nurse who was working as a care worker until confirmation of their registration arrived. The manager said the staffing level for the home was 10% above that required and there had been very little use of agency staff.

There were generally two registered nurses on each level during the morning and afternoon shifts. On occasions there was one registered nurse and one senior carer who had been trained to administer medicines. There were six care workers on each level for the morning shift and six for the dementia care unit for the afternoon shift. There were five care workers on the ground floor in the afternoon. At night there was a registered nurse for each floor with four care workers upstairs and three on the ground floor.

To ensure that all staff were knowledgeable about people's care needs the manager now involved care workers alongside nurses in the handover of information. They told us that they felt this would promote team working.

**Our judgement**

There were enough qualified, skilled and experienced staff to meet people's needs.

The provider was meeting this 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

We did not speak with people who lived in the home about this outcome.

A survey was completed recently. People were asked to comment on the service provided. The results of the survey were analysed and details given to people and their relatives.

##### Other evidence

The regional manager conducted monthly visits to the home to monitor quality and risk. We saw the report for the June 2012 visit. There was a review of a sample of four people's medicines, a review of the care documentation of the person who moved in most recently and a record of discussions with people and staff. Areas where the manager found non-compliance formed an action plan for staff.

We saw the Remedial Action Plan (RAP) listed areas to be addressed including the actions arising from the monthly visits. This showed where progress had been made and provided an ongoing record of achievements and outstanding issues.

The RAP was 'fed' by the Home Audit Process (HAP) that focused on a different area of service provision each month such as medicines, nutrition, records and safeguarding.

There was also a Team Audit Process (TAP). This involved all groups of staff completing questionnaires about aspects of service provision. The process was validated by the home manager and regional manager. It gave the different

'departments' within the home actions that were added to the RAP.

Complaints were analysed every three months. The manager said that most complaints tended to be verbal but there had been a written complaint about environmental issues that we saw was responded to appropriately.

**Our judgement**

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

The provider was meeting this standard.

## Action we have asked the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p><b>How the regulation is not being met:</b> The registered person must take proper steps top ensure that each service user is protected against the risks of receiving care or treatment that is inappropriate or unsafe by means of a) the carrying out of an assessment of the needs of the service user.</p>	
Diagnostic and screening procedures	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p><b>How the regulation is not being met:</b> The registered person must take proper steps top ensure that each service user is protected against the risks of receiving care or treatment that is inappropriate or unsafe by means of a) the carrying out of an assessment of the needs of the service user.</p>	
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p><b>How the regulation is not being met:</b> The registered person must take proper steps top ensure that each service user is protected against the risks of receiving care or</p>	

	treatment that is inappropriate or unsafe by means of a) the carrying out of an assessment of the needs of the service user.
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The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

# 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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. 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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