Inspection Report

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

Oaktree Care Home

Lark Rise, Brimsham Park, Yate, Bristol, BS37 7PJ

Tel: 01454324141

Date of Inspection: 03 December 2012

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

Care and welfare of people who use services ✓ Met this standard

Details about this location

Registered Provider	Laudcare Limited
Registered Manager	Mrs. Janet Goodfellow
Overview of the service	Oaktree House care home is a nursing and residential home. It provides residential, nursing and respite care for up to 80 people including those with dementia and some people who require palliative care.
Type of services	Care home service with nursing Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

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'.

Summary of this inspection

Why we carried out this inspection

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

- Care and welfare of people who use services

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 3 December 2012 and talked with staff.

What people told us and what we found

We visited the home to follow up minor concerns we had with people's care and welfare following our visit to the home in July 2012. At that time we felt that people experienced care, treatment and support that met their needs and protected their rights. However, the provider had introduced a new care recording system and it was not fully implemented. Record keeping needed to be improved to demonstrate that people received safe and appropriate care and treatment.

During our follow up visit we looked at the care records for six people and found them to be accurate and up to date. Assessments of needs were carried out to enable care planning. There were written comments in relation to people's care needs and monthly evaluations were completed. Where necessary care plans were complemented by charts for monitoring food and fluid intake, weight and vital signs.

We had previously felt that the lunchtime dining in the dementia unit was drawn out and not the best experience for people. During this visit we saw that alternative arrangements were in place and people were engaging with each other in a more relaxed environment.

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

When we last visited Oaktree Care Home in July 2012 we observed the lunchtime meal in the dementia unit. Some of the people ate well but there was little communication and people left the dining room before dessert was served. They were later given dessert in the lounge. The mealtime seemed to be drawn out and the manager told us about a planned meeting to consider dining arrangements in the home.

During this visit we were told about how the arrangements for dining had been changed in the dementia unit. People were grouped according to dependency and this made for more a more efficient and pleasant experience for people.

In July 2012 we found that a new recording system had been introduced by the provider and saw that work was 'in progress' to complete the new documentation for people living in the home.

During this visit we looked at the records for six people. There were personal details recorded such as next of kin and allergies, along with a photograph and signed consent for photography.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. For each person we saw that a 'needs' assessment had been completed. These related to 'core' needs and provided for additional needs to be recorded. The assessments identified where care plans would be appropriate and we saw corresponding plans.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People's care plans varied according to their needs and where appropriate, we noted that additional assessments were carried out. These related to risks associated with pressure areas, malnutrition and falls, along with moving and handling.

Care plans were numbered and the care files had divisions for storing them. We saw plans related to rights and consent, medicines, mobility and nutrition. There were also plans for continence management, personal hygiene, emotional needs and palliative care, including end of life wishes. We saw that people had been asked by their GP what their wishes would be and some people had DNAR (Do not attempt resuscitation) statements signed by the GP.

We saw evaluation of care plans completed by nursing staff on a monthly basis with records maintained periodically and sometimes daily in relation to people's progress and well being.

People's dependency was recorded on admission to the home and periodically, afterwards. There was recording of blood pressure and temperature on a monthly basis as well as weight monitoring.

The recording system was in two parts. The files holding the above were kept at the nurses' station on each level. The second part of the system 'My Journal' was kept in people's rooms. This contained information about people's likes and dislikes along with statements highlighting what a 'good' or 'bad' day would look like for people. They included a running record maintained by care staff and had charts for recording when topical medicines had been applied. There were also copies of assessments of risks of falling and details of how people should be moved if they had limited mobility.

Records were generally well kept however the provider may wish to note that one of the records did not have a photograph of the person but they had been recently admitted. Another record did not have signed consent for photography. We also noted that daily and periodic reporting focussed on tasks such as bathing or attending activity sessions rather than on outcomes for people. We discussed this with the manager who acknowledged that some staff were struggling with the changes to reporting and being more focussed on the person.

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.

Contact us

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