

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

## The Oakleaf Care Group (Hartwell) Limited

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Date of Inspection: 30 December 2013

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2014

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

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Records</b>	✓	Met this standard

## Details about this location

Registered Provider	Oakleaf Care (Hartwell) Limited
Registered Manager	Mrs. Katherine Swannell
Overview of the service	The Oakleaf Care Group (Hartwell) Limited provide specialist brain injury rehabilitation and accommodation for up to 23 people.
Type of services	Care home service with nursing Rehabilitation services
Regulated activities	Accommodation for persons who require nursing or personal care 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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 30 December 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and talked with other regulators or the Department of Health.

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### What people told us and what we found

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We spoke with three people that used the service. They were all satisfied with the care and treatment that they were receiving. One person told us "This service has really helped me to prepare for the rest of my life". Another person told us "The staff really support me and I'm getting the help that I need, I'd give them ten out of ten".

We spoke with two members of staff that worked at the service and they both told us that they were well supported in their roles. We spoke with a professional who was the allocated worker for a person that used the service and they told us that they were very happy with the care and treatment that the service provided and they had no concerns with any aspects of the service.

We found that before people received any care or treatment that they were asked for their consent and where people did not have the capacity to consent to their care and treatment the provider ensured that they acted within the legal requirements. We found that people's care needs were assessed and care and support plans had been put in place to ensure that their needs were met. We found that risks relating to people's care and treatment were identified and action plans put in place to ensure that risks were reduced.

We found that there were arrangements in place to ensure that risks relating to the management of medicines were appropriately managed. We found that there was a detailed recruitment and selection policy in place relevant checks were carried out on staff prior to them commencing work to ensure people's safety. Records were accurate, appropriately maintained and kept securely.

You can see our judgements on the front page of this report.

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://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

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent the provider acted in accordance with legal requirements.

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### Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We looked at the care records of two people that used the service who had the capacity to consent to the care and treatment that they received. We saw that people were involved in decisions relating to their care and that care records provided staff with guidance about how they liked their care and support to be delivered. We saw that people had signed their care plans to show their involvement in them and their consent to the care that was described.

We spoke with three people about their care and support and they told us that they had been involved in their care and support plans and that they were in agreement with the care and support that they received. One person told us how they felt ready to move on from the service but they knew they had goals to work on first. Another person told us how they had consented to the care and treatment they were receiving to help them to overcome some of the personal challenges they faced.

Where people did not have the capacity to consent the provider acted in accordance with legal requirements. We looked at the care records of two people that did not have the capacity to be involved in the planning of their care. We saw the provider had carried out a mental capacity assessment and decisions relating to each person's care and support had been made in the person's best interest. We saw that the provider had involved all of relevant people in the best interest decision and ensured there was a clear audit trail.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care records for a total of four people that used the service. We found that people's needs were assessed and detailed care and support plans were put in place to ensure that people's needs were met. We saw that a multi-disciplinary team were involved in the planning and reviewing of people's care and support that included an occupational therapist, a speech and language therapist, a physiotherapist, the unit doctor and specialist nurses as required. This meant that people had access to a wide range of health professionals that regularly assessed their needs. We saw that health professionals regularly updated people's care and support plans and advised staff about how best to meet people's needs.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We found that risks associated with people's care and support were identified and explanations of how to reduce the risks were clearly described. We found that aims and desired outcomes of people's care and treatment were detailed and action plans were in place to enable them to safely achieve their aims. However, the provider may wish to note that where one person required their fluid consumption to be monitored, staff were recording fluids that had been consumed, however, we were not able to evidence that staff were regularly checking the total amount the person was consuming. We saw that there were two day's records where the total amounts had been recorded but the totals were not accurate with the amounts that had been recorded. We discussed this with a staff member who told us that the night staff monitored the person's fluid consumption and took appropriate action if it was required. We were not able to see any records of any actions that had been taken.

We saw that people that used the service had sessions planned throughout the day which they were encouraged to participate in. These provided people with structure to their day and gave them the opportunity to engage with others and develop their skills. We saw that sessions were planned for individuals and included things such as music therapy, a walking group, gardening, gym sessions, martial arts and swimming.

We spoke with two people that used the service who used the service who told us how

they were supported to participate in sessions throughout the day. Another person that we spoke with told us how they were supported to carry out groundwork at the service and that was what they preferred. We spoke with an external professional that was involved in the care of a person at the service and they told us they were satisfied with the care and treatment the service provided. They had no concerns about how the service assessed, planned and supported people's care and treatment. They told us that the service always kept them updated with any changes relating the person's behaviours or any incidents that took place.

There were arrangements in place to deal with foreseeable emergencies. We saw that there were accident and emergency grab sheets in people's care records that provided details of people's medical and health conditions, any known allergies, contact details of their next of kin and any other professionals involved in their care. We also found that a recent photograph of people was kept on their file with details of any identifying markings. This meant that should any emergencies arise the appropriate information was in place.



**People should be given the medicines they need when they need them, and in a safe way**

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## Our judgement

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## Reasons for our judgement

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We looked at the provider's policies that were in place relating to the safe management of medication. We found that the provider had a number of policies in place relating to all areas of the safe management of medication. We found that the provider also had an agreement in place with an external professional to audit the services' medication twice a year.

Medicines were prescribed and given to people appropriately. We observed a staff member administering medication for three people that used the service. We saw that the staff member administered the medicines as they had been prescribed. We observed the staff member discreetly providing people with information about their tablets and we saw that they provided them with a fresh drink of water to take their medicine with.

Medicines were safely administered. We looked at the Medication Administration Record (MAR) charts for five people that used the service. We saw that medicines were administered at various times throughout the day to ensure that people had adequate time between the doses of medicine which they received to ensure they were administered safely. We saw that medicines were administered to one person at a time and staff ensured they used a clean disposal medicine pot to provide people with their medicines in each time.

Medicines were kept safely. We found that medicines were kept in a locked cabinet and only staff which were able to administer medication had access to the keys. We saw that there was a secured cabinet that met legal requirements for the storage of controlled drugs at the service. We found a separate lockable fridge was used to store creams and medicines that were required to be kept between two and eight degrees. We saw the temperature of the fridge was monitored on a daily basis to ensure that it remained within the correct temperatures.

Appropriate arrangements were in place in relation to the recording of medicine. We looked at the MAR charts for five people that used the service and we saw that they were fully completed and contained information about the amount of each medicine that was in stock. We carried out a stock check of five medicines and we found that the recorded

amounts of each of the medicines matched with what was in stock.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

### Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

### Reasons for our judgement

There were effective recruitment and selection processes in place. We looked at the staff records of five people that worked at the service. We found that staff had completed an application form that provided details of their previous working history and where required reasons for leaving previous positions. We saw that interviews were carried out and if people were successful they were made job offers pending the receipt of satisfactory references and criminal records checks. We saw that where a person had disclosed that they had a previous criminal conviction that the provider had risk assessed the situation. We also saw that the provider ensured that the appropriate governing body had been informed.

Appropriate checks were undertaken before staff began work. We found that staff records included health declarations, photographic identification, copies of visa information were required and information relating to criminal record checks. We found that three out of the five staff whose records we looked at contained completed relevant references but the provider may wish to note that two staff files only contained one reference. We discussed this with the provider who told us that they did also have a probationary period in place for all staff to ensure that they suited to the role.

We saw that the provider operated a system to ensure that the qualified staff continued to be registered with professional bodies such as the Nursing and Midwifery Council. They kept a separate folder with details of staff members registration expiry dates and these were then checked on a monthly basis to ensure that where required that they had been renewed.

## Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

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### Our judgement

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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### Reasons for our judgement

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People's personal records including medical records were accurate and fit for purpose. We looked at the care records of four people that used the service. We found that people's care records were updated on a regular basis to ensure that they provide accurate details of people's needs. We looked at the daily records of people's care and found that they contained all of the relevant details about a person's day and they were consistent with their planned care.

Staff records and other records relevant to the management of the services were accurate and fit for purpose. We looked at the records that were kept for five staff that worked at the service. We found that they were neatly organised, filed with an index and contained all of the required relevant information for each staff member.

Records were kept securely and could be located promptly when needed. We saw that staff records were all kept locked away in the main office at the service. We saw that care records for people that used the service were kept in the offices within the service to ensure that they could be accessed promptly as they were needed.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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