Inspection Report

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: 12 November 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mrs P M Eales
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 12 November 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 staff.

What people told us and what we found

The people living in the home or their representatives had been given appropriate information about the service and the care and support they could expect. They were encouraged to make choices and be involved in decisions about the home.

People were spoken to and treated with respect. We noted that their dignity was maintained and staff supported them to maintain their level of independence.

There were appropriate arrangements in place for the management of medicines.

Staff recruitment and selection was effective. Appropriate checks were undertaken before staff began work.

There was a system in place to regularly monitor and assess the quality of the service that people received.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided.

Reasons for our judgement

We observed that people living in the home were called by their preferred term of address and they were spoken to with respect. We noted that people were offered choices and encouraged to make decisions. We saw that staff waited for the person to respond before acting.

People expressed their views, as much as they were able, and were involved in making decisions about their care and treatment. People living in Limber Oak did not communicate verbally. However, staff we spoke with were able to describe how all people living in the house indicated their choices and decisions. We saw this was reflected in the support that people received. One person found crowds and busy environments very challenging. They chose to spend much of their time in the house in their room. Staff explained to us how they ensured that this was the person's choice and made sure that this was respected. We noted that this was reflected in the assessments documented in the person's care and support plan.

There were monthly residents meetings which were recorded. The last had occurred in October 2013. If people wished to meet in smaller groups, this was facilitated by the staff. The meetings meant that people living in the home were informed of changes in staff. There were also opportunities to discuss events such as Halloween and Christmas. We noted from the minutes that people's reactions and responses were noted.

Staff told us of the variety of activities that the people living in the home were involved in. We saw that this was reflected in people's care and support plans. While we were inspecting two people chose to go out to a local lunch club and another person went to town to do their personal shopping. This meant that people were supported in promoting their independence and community involvement.

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.

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

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their care plan. We looked at three care and support plans. Each person had their needs assessed and a support plan had been developed for each aspect of their life. The plan described what the person could do for themselves and where support was required. The information also gave guidance for staff on how best to deliver the support. We noted that these were detailed and evidenced involvement of the individual and their family.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Where appropriate there were individualised risk assessments. These gave guidance to staff on what the potential risks were and how to minimise them without having a negative impact on the person's activities. We saw that care was delivered in line with the risk assessments.

People appeared happy and content. They were all wearing clean, appropriate clothing. Staff showed us to people's rooms with their consent. We saw that they were decorated nicely. Staff explained that, where they were able, people were involved in choosing how their rooms looked.

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. Where a specific need had been identified, the care and support plans included information so these needs would be met. This included details about people's requirements in relation to age, sexuality, culture and religion.

There were arrangements in place to deal with foreseeable emergencies. People living in Limber Oak had personal emergency evacuation plans in their care and support files. Each area of the house also had a risk assessment in case of emergency evacuation. The fire extinguishers were in place and had been regularly serviced. All appliances were regularly maintained and there were processes in place should any fail.

Management of medicines ✓ Met this standard

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

Our judgement

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.

Reasons for our judgement

There were appropriate arrangements in place in relation to obtaining, storing and handling medicine. A staff member explained to us how most medications came already split into separate doses in sealed cassettes. Stock levels were checked against each person's prescription on every delivery. Creams and medication that were not in the cassette box were ordered and checked monthly. This was completed and signed by the staff member responsible to show that all was in order.

Medicines arrived several days before the new cycle started. This allowed discrepancies to be identified, followed up and rectified. Medicines were kept in a secure store. At the time of our inspection there was no medication that needed storing at a specific temperature. However facilities were available should this be required.

Medicines were handled, administered and witnessed by staff who had completed an administration of medication training course. We saw documentation to evidence that after training their skills were then observed and recorded before the staff members were signed off as being competent. This was reviewed every six months.

All medication was administered by one staff member and witnessed by another. Both members of staff signed the medical administration record (MAR). Staff we spoke with explained to us what they would do if a person refused to take their medication, however they said that this rarely happened. The medication would then be recorded as 'refused' on the MAR. Staff explained that they would also contact the GP for advice if medication was refused. This meant that medication was given to people appropriately and safely.

We saw that the MAR sheets were correctly completed. We saw that people were prescribed 'as required' medication (PRN). The MAR sheets had been completed to indicate when someone had been given PRN medication. The stock level of the medication had also been checked. Staff explained that if people were given emergency medication for epilepsy, they informed the manager on call immediately after administrating the medication and making the person safe. If other medication was required, such as medication to assist a person with their anxiety then the on call manager was informed before the medication was administered to ensure that it was being used

only when absolutely necessary.

Medicines were disposed of appropriately. We noted that refused medication and medication that was no longer being administered was bagged and recorded for return to the pharmacy where it would be destroyed.

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. The manager explained to us that interested candidates were invited to the home to have a look around and meet with the people living there. They completed an application form providing a full employment history and at least two references. Disclosure and barring scheme checks were carried out and we saw that references were returned and double checked. This meant that appropriate checks were undertaken before staff began work.

Staff had terms and conditions and the expectations of their role explained to them at the interview and were given the opportunity to ask any questions. There was a three month induction period. During this time staff shadowed an experienced member of staff for one month, two weeks of which they were in addition to the required staffing levels. During the induction period internal training was completed in areas the provider had identified as mandatory. After the three month period the staff member was then booked onto external courses covering the mandatory training and more in depth training in the skills required to best support the residents of Limber Oak.

During the induction period staff were provided with monthly supervisions. The manager explained that staff were welcome to request more supervisions or support at any time. We saw the file for a person who had completed a month of induction. Their personal file was complete and accurate. Their supervisions had been recorded and much of their training completed. After the induction and probation period staff received a six monthly, then annual appraisal. We looked at the file for a person who had been working at Limber Oak for years. We saw that their file was also complete and accurate.

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 the service that people receive.

Reasons for our judgement

People who used the service, their representative and staff were asked for their views about their care and treatment and they were acted upon. The people who lived in the house were regularly asked their views in residents meetings. There were also six monthly care and support reviews. This involved the person, their relatives and representatives.

There was also annual customer satisfaction survey sent to the relatives of the people using the service as well as other health care professionals. The results of this were reviewed by the manger and the provider. Any comments or concerns were addressed. We saw the results from the last survey, which were very positive.

Staff recorded a detailed daily log for each person. At the end of each month the daily logs were summarised and discussed in staff meetings. The monthly summaries also fed into each person's six monthly reviews. This enabled staff to identify and discuss changes required to people's care and support. Where required other appropriate health care professionals were consulted. This meant that decisions about care and treatment were made by the appropriate staff at the appropriate level.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. We saw that all incidents were recorded in detail on order to identify the cause and actions that could be used to prevent repeat events. These were signed by the manager or deputy to indicate they had been read. We noted that where necessary changes had been made to the person's care and support plan.

There was a schedule for tasks to be completed by staff on a daily, weekly and monthly basis. We saw these were completed and signed by the member of staff responsible. Daily water and fridge temperature checks were recorded. There was also a health and safety check list that was completed monthly prior to staff meetings to identify any issues that needed addressing. The provider may wish to note that these were not completely up to date.

Comments and complaints were recorded and the provider took account of these to

improve the service. The manager explained that they had very good communication with the people living in the house and their relatives. This allowed concerns and comments to be addressed immediately so they did not escalate into complaints. These were recorded in people's reviews rather than the complaints log. We noted that there had been a few complaints from neighbouring properties which had been promptly addressed and resolved to the complainant's 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 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.

Contact us

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