

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

Oaken Holt House Nursing & Residential Home

Eynsham Road, Farmoor, OX2 9NL

Tel: 01865865252

Date of Inspection: 02 November 2012

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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
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Caring Homes Healthcare Group Limited
Registered Manager	Mr. Bernard Andrew Allen
Overview of the service	Oaken Holt House Nursing & Residential Home provides accommodation and nursing care for up to 59 older people.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

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 2 November 2012, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

What people told us and what we found

There was good regard for people's privacy and dignity at the home. Care plans reflected people's wishes and preferences. Staff conveyed respect for people when speaking with us and in the language they used in records.

People commented positively about standards of catering, activities and staff. Care plans were in place for each person which outlined their needs and how these were to be met. Risk assessments had been written to reduce the likelihood of people being injured or harmed. All documentation we looked at had been kept up to date and regularly reviewed.

Medication was managed safely. We found practices and records to be in good order. "As required" medicines to calm people were only administered when absolutely necessary.

Staff told us they felt supported in their roles. They spoke positively of the manager and felt they were listened to. We found there were appropriate systems in place to induct new staff. Systems were in place to supervise and appraise staff. Training was provided to make sure staff had the skills and knowledge to meet people's needs.

There was regular monitoring of the service. We found surveys had been sent to people to seek their views. Audits had been undertaken of various areas of practice. There were no action plans in place where improvements were indicated from the surveys and audits. The manager told us an overall action plan would be produced to cover all areas where the home needed to improve practice.

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 and delivered in relation to their care.

Reasons for our judgement

We saw people's privacy, dignity and independence were respected. All personal care was carried out in private areas of the building. Bedrooms were single occupancy and all but a few had en suite facilities. People had been supported to look well groomed and to dress appropriately for the weather conditions. People could spend time in the communal areas or in their bedrooms. Many of the bedrooms we saw had comfortable seating areas where people could watch television, listen to the radio or read. All of the bedrooms we saw had been personalised and arranged to reflect people's different tastes. This made them look homely and comfortable.

We saw equipment had been provided to assist people. A senior nurse told us the home had been provided with all the equipment it needed to be able to meet people's needs safely. Grab rails had been fitted to help people manage independently. Bathrooms and toilets had locks to protect people's privacy.

Staff conveyed respect for people when speaking with us during the course of the inspection. We saw there was use of appropriate language and terminology in people's care plans and daily notes. We heard a nurse speak to a visitor with courtesy and respect when discussing their relative's condition. This conveyed a professional approach.

People who use the service understood the care and treatment choices available to them. Care plans had been written in a person centred way. They reflected people's choices and preferences for their care. We saw examples of people's relatives being involved with care plans and other documents where the person did not have capacity to consent. This helped to ensure care was delivered appropriately and sensitively.

People who use the service were given appropriate information and support regarding their care or treatment. We spoke with five people. Each had visited the service before admission and their needs had been assessed. Each person knew the home's general practitioner by name. They felt their healthcare needs were addressed promptly and

appropriately.

Information about activities was displayed in the entrance hall. Menus were provided outside of the main dining room and also on individual tables.

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

We spoke with five people living at the home. They told us they enjoyed the meals and were provided with plenty of food. They told us there were choices of food and they could request an alternative if required. People said there was a good range of activities at the home. We saw an art group in progress during the morning and a lively game of bingo in the afternoon. One person told us about a picnic on the lawn which their family attended. They said it was a "Marvellous day we talked about for weeks after." People told us their visitors were welcome at the home. One person had been able to bring their dog with them when they moved into the home.

One person told us they were "Very happy here." They said they liked the feeling of "Safety but freedom." Another said "There is always someone around if you need them, but you can also be left alone if required. There are lots of activities but no compulsion to join in." A third person said they enjoyed reading books from the home's library. They said staff were "Very kind and always helpful." A fourth person described staff as "Caring, wonderfully kind" and that they always had time to talk. A fifth person told us "There is always someone to talk to, it is not lonely."

We heard a visitor speaking with staff. They said "The home has dramatically improved over the last year and is now a lovely place to be. The residents (including their relative) and the staff all seem so happy. Systems all seem to be working so well and efficiently and the fabric of the building is bright, clean and welcoming now."

We read a recent compliment written by a relative. It thanked staff for the care given and said staff had been "Superb at overseeing his care" and that staff "Made him feel really cared for." They added "Oaken Holt is in my opinion an outstanding home. They have also unfailingly made me feel welcome whenever I've visited him and I have always left feeling that he was in the best possible hands."

We saw people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. A care plan was in place for each person. We read a sample of five people's care plans and associated documents. Each file provided a comprehensive account of the person's needs. Information had been regularly reviewed and updated where changes were needed. We saw care plans took into account people's wishes and their preferences. One of the files contained information provided by a relative about the person's life history and what was important to them. This helped staff

provide care in a sensitive way.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. We saw risk assessments had been completed in each file. These included moving and handling assessments, likelihood of developing pressure damage and nutritional screening. The assessments had been regularly reviewed to make sure information was current and reflected people's needs. We saw people were weighed regularly. A senior nurse told us people were referred to the doctor or dietitian if they were losing weight. They said they would also inform the chef in order that the person's diet was reviewed.

People's care and treatment reflected relevant research and guidance. We saw nurses had tools available to help them manage clinical practice. This included guidance on grading pressure wounds and management of urinary tract infections. A senior nurse told us they also received email updates from the Nursing and Midwifery Council about changes in practice.

We had not received any notifications of people being deprived of their liberty at the home. Agreement to deprive people of their liberty is authorised by the Court of Protection, or by a Supervisory Body under the Deprivation of Liberty Safeguards. This is where people lack capacity to consent and would otherwise be at risk of harm.

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

Appropriate arrangements were in place in relation to the management of people's medicines. We looked at medication practice in the nursing part of the home. A detailed policy was in place for staff to refer to for guidance. It was kept in the folder with medication administration records, for ease of access. It covered all necessary areas such as ordering, storage and disposal of medicines. Samples of staff signatures and initials had been obtained. This is a good practice which helps when auditing records.

Medicines were kept secure and the keys held by a senior nurse. We saw people's medicines were stored appropriately and safely. The room was fitted with air conditioning to keep medicines at optimum temperature. We looked at the medication administration records for 13 people. All records were up to date with initials alongside prescribed dose times. This showed people received their medicines regularly and as intended by their doctor. Separate record sheets were maintained to show when creams had been applied. There was a lockable medicines fridge for storage of items which needed to be kept cool, such as eye drops. Staff had written the date of opening on each medicine to make sure it was used within the optimum time since opening.

We checked some of the controlled drugs. The quantities in stock tallied with the recorded balances. We saw appropriate arrangements were in place for the storage, recording and disposal of controlled medicines. This ensured they were handled safely.

We saw two examples of people prescribed "as required" medication to calm them. There were individual protocols in each of the care plan files to explain what the medication was used for. There was also guidance on what signs or symptoms to look out for. We checked the medication administration records to see how often staff were administering the medication. It had not been used at all in the previous four weeks for one person. For the other person, it had been given on three occasions in the previous four weeks. This showed us staff only used the medication when it was absolutely necessary.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We spoke with four staff about the support they received. All commented positively about the manager, who had been in post approximately nine months. They described him as "Very approachable", "Knowledgeable" and "He is keen to know everything that is going on." One person described the atmosphere as "Welcoming and friendly. I am very happy here, it is such a nice place to work." Another told us there was a "Wonderful team in place now, where we all work together. The home's manager is very good and wants to help everyone achieve their best. He is always willing to listen." They added "All learning is heavily encouraged and we work hard to ensure the staff know they are valued, and that impacts on the care they deliver." Another said they were encouraged to apply for any training which was relevant to their job. They said training on tissue viability had been arranged for all nurses for this month.

We looked at training records. These showed staff received appropriate professional development. New staff completed an induction in line with the Skills for Care common induction standards. Staff had access to a range of training, including safeguarding, moving and handling, infection control and fire safety awareness. We saw training statistics were monitored by the provider to make sure all staff had up to date skills and knowledge. The most recent senior management report (October 2012) said training was being planned by the company trainer where necessary.

Records were being kept of staff supervision sessions. We looked at six people's records for 2012. The number of sessions varied from one to five sessions. Records were also kept of staff appraisals. Forty five out of approximately 80 staff had received an appraisal this year. It is acknowledged not all staff had been at the home for a year to qualify for an annual appraisal.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

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

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about care and treatment. Annual satisfaction surveys had been sent out to staff, relatives and people using the service earlier in the year. Reports had been compiled of the findings. There were no action plans where people had indicated areas for improvement, such as the service from the laundry. The manager told us an overall action plan would be put in place. This would include the survey findings and those from the generic risk assessment of the premises which had just been completed.

We looked at records of audits. These included health and safety / maintenance, the kitchen and a pharmacy audit. Actions arising from these were also to be included in the overall action plan for the home.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. The manager told us there had been learning from a previous inspection. This resulted in the "resident of the day" initiative. Each day one person's records were reviewed. This was to make sure they contained all required information, had been kept up to date and the person was receiving appropriate care. A check was also made of their room to make sure it was safe and appropriately maintained.

Risks to people's health, safety and welfare were managed well. Each care plan file contained risk assessments to reduce the likelihood of injury or harm to people. These had been regularly reviewed to make sure they were still relevant to people's individual situations.

We saw accidents and incidents were recorded at the service. We looked at the ten most recent records covering a period of approximately four weeks. Each record showed any treatment given to the person and whether their relatives had been informed. The forms were signed off by the manager or most senior person on duty. This showed senior staff had oversight of any accidents or incidents occurring at the service.

We saw there was regular monitoring of the service. Monthly senior management reports were compiled. These included speaking with staff, relatives and people using the service. Checks were made of areas such as complaints, a visual check of the premises and personnel files of new starters. Percentages of staff completing training were also included. We felt this reflected robust monitoring of the service.

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

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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