

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

Oakley House

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Brookdale Health Care Limited
Registered Manager	Miss Julie Steel
Overview of the service	Oakley House provides accommodation for up to eight people who have a learning disability. The service is not registered to provide nursing care.
Type of service	Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care 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 3 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 carers and / or family members and talked with staff.

What people told us and what we found

During this inspection we spoke with five people who used the service, one relative and four members of staff including the manager. People who used the service told us that were very happy with the care they received and that they felt safe. One person stated that: "I love it here and the staff are very nice".

We found that staff were supervised and trained appropriately to carry out their role effectively. Medication storage and records were well maintained.

We found that consent had been recorded within people's care plans and that people's care and support needs were well documented.

We found that people were given appropriate choices in food and drink. They were given support to prepare and serve the meals.

People were provided with information and given the opportunity to raise any concerns they had about their care and support.

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

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

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider had acted in accordance with their wishes.

Reasons for our judgement

We spoke with five people who lived at Oakley House and they confirmed that they had plenty of opportunities to discuss their care needs and were able to express their views. They told us that they had been involved in decisions about what was important to them in relation to the care and the support they needed.

The two care plans we saw had been signed by the person who used the service and they were able to access them by asking staff if they wanted. We saw that the staff were in the process of creating a user friendly version of people's care plans and that they would be given a copy to keep in their rooms.

There were risk assessments in place which showed how the risks in people's daily living were minimised. For example accessing the local community, managing finances and self-neglect.

Four people who used the service told us that they had regular meetings with their keyworker and house meetings, where they had the opportunity to raise any concerns and that they were consulted about their views and opinions on the service. They all considered the service provided a good standard of care. One person told us that: "The staff are great and always help me when I need it." We were told by another person that: "I can choose what I do and staff will always support me if I need it."

In the care records we looked at we saw that a best interest discussion had taken place in relation to a person's medication. This showed that where the manager had any doubts about a person's capacity to consent, they were acting within the law to ensure their rights were protected.

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

We looked at two people's care plans. They were person centred and gave clear details on how the person liked to be supported in their care. There was clear information to show they had received access to and the advice of a variety of health care professionals, which included GPs, dieticians, psychiatrist and opticians. All staff recorded in the care plans and new information about people's changing needs was passed on at handover. This meant that the provider had ensured that people's health and wellbeing was regularly monitored and maintained.

We saw evidence of a behaviour plan in place for one person whose behaviour could be challenging to themselves and other people. This meant that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We saw that people's care and support needs were regularly reviewed and people were consulted to ensure that they were happy with the care and support received.

Daily notes we looked at provided an overview of the person's day which included, activities, food intake and the overall wellbeing of the person. This was then used to update a person's support needs as required.

During our discussions with staff and our observations we found that the staff had a detailed knowledge of people's individual needs and preferences, and their approach to each person was based on this.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People's food and drink met their needs and people were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People we spoke with told us that they enjoyed the food that was provided. We saw and people told us that they were supported and encouraged to help in meal preparation.

We saw and people confirmed that menus were created on an individual basis and each person discussed their meals for the week with their keyworker. They then produced a shopping list and were supported to purchase their food for the coming week. Some people had their menu created in a picture format so it was easier for them to understand.

We saw from the records that professional advice had been sought for people who required input to ensure they were eating the correct food and had the required nutritional value. This ensured people were being supported to aid their well being.

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

During our inspection we examined the medication administration records (MAR) and care records for people who used the service. We examined the information to establish if it supported that medication was being appropriately handled. We noted that there were no gaps seen on the MAR chart and could therefore determine that the medication had been administered in line with the service's medication protocol. This meant that people were kept safe and protected by the safe administration of medicines.

We conducted a sample audit of medicines which considered balances of medicines indicated by the records against quantities of medicines actually available for administration. We were able to account for all the medication that we looked at and found no numerical discrepancies. This meant that we could be assured that people received their medicines as prescribed.

Controlled drugs were held in line with the medication policy and procedure and the records were found to be up to date and accurate.

We found the temperature of the medication storage had been taken and remained within the safe limits to ensure medication remained effective.

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 that were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

During this inspection we looked at how staff were trained and supported to carry out their role effectively and safely. Records seen confirmed that staff received appropriate professional development and were able to, from time to time, obtain further relevant healthcare qualifications. This ensured that they had the appropriate qualifications, skills and experience to meet the needs of the people who used the service. This was further confirmed in discussions with staff, who all told us that they were provided with the appropriate training to support them in their role.

Recent training records showed that people had been provided with moving and handling, food hygiene, first aid and health and safety training. Staff told us that they felt well supported by the manager to do their jobs. Staff told us that they found these supervision meetings provided them with the opportunity to discuss the ways in which they worked and receive feedback on their work performance. This meant that staff were supported in the roles to do their job well.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was a complaints procedure available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

There was an effective system in place that ensured any issues or concerns were raised with the provider at the earliest possible stage. This included a complaint policy and a step by step procedure which staff followed in cases of concern or complaint. A complaints book was seen and held within the main office. We saw that three complaints had been handled appropriately and any action and the outcome had been recorded.

Everyone we spoke with told us that they knew who to speak to if they had any concerns. Although they all told us they were happy living at Oakley House. They told us that they had regular meeting with their keyworker and house meetings where they were given the opportunity to express any concerns they have.

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.

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