Inspection Report

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

Oaktree Care Home

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

Tel: 01454324141

Date of Inspection: 18 July 2013

Date of Publication: September 2013

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
Meeting nutritional needs	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Laudcare Limited
Overview of the service	Oaktree Care Home can accommodate up to 48 people.
Type of services	Care home service with nursing Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

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 18 July 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

The home is divided into two parts; upstairs provides care for people with complex needs and the downstairs which accommodates those with residential and nursing care needs. We spoke with eight people who lived in the home and their relatives. People told us that staff always asked them what they wanted and would never do anything without their permission. People agreed that staff treated them respectfully.

Staff had been employed for a number of years and it was evident that relationships with the people had been established over a period of time. Visiting relatives spoke positively about Oaktree and that they were "happy with the care that is being provided". The staff team were knowledgeable about people's needs and this was evident when we spoke with them.

One visitor told us they had visited the home three times before making a decision for their relative to move in. They said that on each occasion they found the home to be "the same" and felt it was the "best home in the area". They described how supportive, helpful and friendly the staff were. They said their relative had "settled well" and that staff were "knowledgeable about how to meet their relative's needs". They were very happy with the choice of home and added that other members of the family had expressed this to them.

Several visitors told us their relatives had previously used the home for short stay 'respite' care. They said this was the reason they had chosen to move in permanently. They expressed that they were happy with their relative's care needs being met and spoke about the "good" communication within the home.

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 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

People who used the service understood the care, treatment and choices available to them. They were given appropriate information regarding their care. There was a brochure produced for people who used the service and their families, which described the facilities offered by the home.

People told us that the manager would make daily visits to them. The manager did this so that people had the opportunity to express any concerns or share any news. People told us that they would have "conversations with the manager and found them to be "helpful and fair". People's views were collected and recorded in their daily records. These conversations included; what choices people had made on an everyday basis and their experiences during their say in Oaktree. The relatives said they "found the manager to be approachable and that they could discuss any concerns".

People were encouraged to maintain relationships with their families and relatives. The friends and relatives told us that "we could come and visit anytime". We saw during our visit that a number of visiting relatives joined people for lunch and were visiting throughout the day. People's relatives, friends and families were able to visit throughout the day. The visitor's book contained signatures from relatives and friends which confirmed that this was happening.

One relative told us "I have nothing but praise for the staff, the nurses are brilliant and the care staff know what they are doing they really get on top of things". Other relatives said that "we really appreciate their support".

People were encouraged to go out when they wished and participated in activities they had a particular interest, such as, sing along with "Spangles" which was an entertainment group. We saw people sitting outside in the garden having cool drinks under several gazebos which had been placed especially for people to remain in the shade during the hot weather. People who used the service were appropriately dressed for the hot weather.

We saw examples where people were treated with dignity and respect. Staff were interacting with people in a polite, respectful and engaging manner. They showed warmth and thoughtfulness when giving support. Their communication with people was positive and clearly showed that staff knew the person and understood their needs well. One person told us they received assistance with personal care in a dignified way and staff called them by their first name. They said they were happy with this.

We were shown five different documents of the homes policies to ensure that the staff followed the guidelines when maintaining people's dignity. These policies included; valuing diversity and promoting equality in clinical practice, respecting dignity when providing personal care, person centred planning, relationships and sexuality and finally personal care policies. We saw evidence of how staff interacted with people throughout the day. People were called by their own name and they responded positively. The respecting dignity policy states that the "care staff must take into account residents' additional needs when providing care and that there were procedures to follow such as addressing each resident by their preferred name and that a friendly smiling expression may suggest a positive interaction with residents".

There were polices for those people with dementia and people with communication difficulties and cognitive impairment. The guidelines suggested that the staff used alternative methods of communicating such as; nonverbal communication-reading people's body language and using prompts to further enhance those with verbal and cognitive impairment. This would ensure that people's needs were met and given support to be involved when making their choices.

We observed people's lunchtime experience in both the upstairs and downstairs dining areas. We saw staff assisting people with their meals. Some relatives were also supporting people during the lunchtime. In the downstairs dining area we saw people being offered aprons to protect their clothing whilst they were eating lunch. Some people accepted the offer of an apron and others declined and this was respected by staff.

People that were being supported were being assisted at their own pace and their face was wiped accordingly. One person mentioned that their face was sticky after eating their meal and a member of staff offered to get them a wet flannel so they could make themselves more comfortable.

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

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We looked at six care files and found people's needs were assessed and discussed with individuals. Their care plans were person centred and individualised. People's likes and dislikes were also available to staff so that people were supported effectively.

Three care records we looked at for people with a diagnosis of dementia. One care record was a new admission with residential care needs and the other two care records were for people who required nursing care needs. Peoples care records provided staff with clear guidelines of their assessed needs and described how these needs would be met.

People told us that their care needs were being met and that they were happy with the support that staff had provided. Relatives told us they were satisfied with the care and support provided by the staff. We saw that people were supported with their care, health and emotional needs.

People's care files included; integral bed rail assessment, personal health profiles and care plans were in place. These documents had been written using an initial care management assessment and from discussions with the person using the service and their relatives. People's journals were kept in a folder in their rooms and contained daily details of conversations, interactions between staff and their relatives. People were able to share information about their lives and future wishes with regard to any end of life choices they may wish to make.
There were assessment and monitoring tools used to observe people's weight, blood pressure and pulse, nutritional and depression levels. The provider may wish to note that not all these had been completed at the specified frequency.

We saw that risk assessments had been tailored to the needs of people and these were comprehensive. They had been reviewed at regular intervals to ensure they were accurate, relevant and up to date. People's skin integrity was being regularly monitored by the tissue viability nurse who is part of the staff team at Oaktree.

People's mental capacity had been taken into account when such choices had been made and their right to take informed risks had been respected. Professional advice had also been sought when needed to assist people who had made choices that may harm them.

We saw that people had mental capacity assessments accompanied with best interest meetings arranged to establish and document people's ability to make choices.

People with dementia and complex care needs were being looked after on the upper floor. Those people with nursing and residential needs were being cared for in the downstairs area of the home. We saw that staff recognised the need to offer support and respond to some behaviour challenges which may present a risk to themselves or others.

Staff we spoke with recognised triggers that could unsettle a person or lead to increased levels of anxieties. Staff were, aware of individual approaches and methods that would help to calm a stressful situation. We saw that the dementia unit was calm and people were encouraged to walk around their home in a safe manner.

Staff supported people with their health care by ensuring that they had access to the appropriate services and health professionals. Personal health profiles contained information about people's medical history, their current primary care needs and recorded how these had been met.

The deputy manager told us how 'dementia care mapping' which involved observing and recording care from the person's perspective was being used. People were also being assessed for their levels of depression and well-being. The staff were encouraged to use a variety of methods such as listening skills to ensure that people received the best care and support.

The activities coordinator for the ground floor described how they spent time with people on a one to one basis. We saw a range of jigsaw puzzles and large print playing cards which were used for one to one activities. They told us about the communal activities they arranged including ball games and floor games and spoke about the visiting entertainers. They told us there had been a 'strawberry cream tea' during the previous week. The home was preparing for the forthcoming 'wheelchair challenge'.

The upper part of the home in the dementia unit had themed coordinated corridors. These corridors were decorated in a manner where people could reminisce. People listened to age appropriate music being played in the lounge area. There were memory rooms with vintage artefacts. We saw an 'orientation board' in one lounge where the date, season and weather were displayed as a reminder for people. The deputy manager told us that the themed corridors would help people's health and wellbeing. The nurse told us that the morning tea breaks were often a social gathering for people. This was evident during an observation and with a discussion with the nurse who told us that people were "calm and chatty" whilst having tea and biscuits.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We saw that those people who were being monitored daily with their food and fluid intake had charts which were in their rooms. These contained exact measures of people's fluid intakes which were evaluated at the end of each day to ensure that their daily requirements were met. People were weighed regularly to check a healthy weight range was maintained.

The nurses told us they used two charts; the daily food and drinks chart and the 14 day chart to monitor people's daily intake. If people were at risk of losing weight they would be reviewed weekly. We saw that people's water jugs were kept in their rooms and were regularly changed and marked in millilitres to aid accurate measurements of people's fluids. People told us that staff regularly replenished their drinks.

People were offered a variety of food choices such as hot food, cold food salads or sandwiches. We spoke with several people spending time in their rooms. One person said the "food was good and they were happy with the variety". Another person told us that "I grumble about the food, it's not like mother made, if we don't like the food the staff ask us what else we would like".

One person in the upstairs dining area said they could not eat the hot meal they had chosen. They were offered salad but declined this and when offered a sandwich the carer gave them a range of options. They chose to have an egg sandwich and immediately the carer contacted the kitchen to arrange for this to be made. In the downstairs dining area another person declined the offer of a hot meal and decided on a ham salad instead.

Dining areas created a sociable gathering for people and the dining tables were attractively laid with tablecloths, condiments and flowers. There was a choice of fresh vegetables available and were part of the lunchtime meal. There was range of juices placed on the table and hot and cold drinks were offered to people throughout the day.

We looked in the kitchen and saw that staff had access to a list of food preferences for people who used the service. Food was stored appropriately in the fridge and freezer section. Relatives were encouraged to bring in favourite foods and this was stored and named for people. We saw that the kitchen had updated policies on food for older people and finger foods for people with dementia.

The second chef told us they were looking at introducing new and different kind of food for people who were using the service. We saw that there was food for people with specialist diets for example, diabetic, gluten free, low salt and high fat. In the kitchen we saw the names of people with specialist diets were placed on a board with the choices written and up dated. Any changes made were carried out on a daily basis to ensure that people had their choice of food met.

People who we spoke with, consistently commented that the food was good but the choice was a little repetitive. The second chef told us, that that they were trying out new menu options and the regional manager informed us that they would be looking at changing the menus. The second chef, continued to explain and told us that they recognised people's tastes had changed over the years and the home was taking steps to meet those changes. During the hot weather the kitchen staff had provided ice lollies, freshly cut fruit and cold drinks to keep people cool.

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 received.

Reasons for our judgement

People, their representatives and staff were asked for their views about their care and treatment and they were acted on. People and their relatives told us that when they had concerns or complaints the manager and staff listened to what they had to say and responded positively.

The regional manager told us that they conducted a twice yearly customer satisfaction survey. One relative told us that they had completed a survey in January 2013 and another one last year in 2012. They told us "I'm very happy with the care given to my relative this is the best place for them".

The relatives we spoke with indicated they were happy with how the home was run. We saw from written notes from recent staff meetings and conversations with staff that there was an open culture at the home. The registered manger went on to explain that people can raise issues whenever they wished. Relatives told us that they can speak to the manager anytime. We saw there was a suggestion box in the entrance to the home and were told that the registered and deputy managers held an 'open door' policy. One of the members of staff told us "we are open and transparent in all that we do. We have a responsibility to provide a good service for the people in our care".

The results from the 2013 customer survey showed that there were 39% of the respondents replied to the survey. 83% of the respondents would recommend Oaktree. The results additionally showed that people rated the service in eight different categories which were; interior and exterior part of the building, food, housekeeping, activities, care, staff and communication.

People responded on the exterior building of the home and rated this at 80%. People rated the staff and communication at 80%. People's recent replies from the 2013 survey reported to the registered manager that they would "like to see more outings for residents with dementia and a wider range of activities available for people".

The registered manager told us that they had regular monthly staff meetings. We saw the

minutes of the meetings for April and May 2013. Appropriate issues such as care and welfare of people were discussed and staff were provided with an opportunity to give feedback on how the service could be improved. The topics of discussion in April 2013 were centred on "people's needs and if they had sufficient number of drinks throughout the day". The topics that were being discussed in May 2013 were the "monitoring of care staff to ensure that high standards are maintained". We saw that the notes from both the meetings had been read and signed by the members of staff to ensure that actions had been understood and carried out.

The regional manager attended our visit at the end of the day and was able to demonstrate that they visited the home on monthly basis and completed sample audits. These included the environment, finances, medication and care planning. In addition there were checks related to medicines, nutrition and weight loss. There were checks that related to safeguarding alerts, implementation of the Mental Capacity Act 2005 and decisions made in relation to end of life resuscitation.

Records and audit results were reviewed and analysed for trends by the provider. June 2013 audits included; bed rails, care plans, falls and mobility. July 2013 audits included; care documentation, record keeping, staff supervision and bed rails.

The regional manager identified that there had been some gaps in the frequency of staff supervision; following the homes recent audit. Action plans had been put in place to ensure that these gaps were addressed. We saw that it was evident from staff files that the staff supervision was taking place more regularly and staff told us that they had regular one to ones. The manager shared the information with the staff team as a result of the concerns identified from the recent home's audit. When relevant actions had been taken, a report was returned to the regional office in preparation for the next audit. We were told that if any trends indicating poor practice were identified during these audits they would be investigated and any necessary improvements would be addressed.

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 an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system and this was provided in a format that met their needs. People who lived in the home were provided with a copy of the complaints policy and procedures which had been written in plain English.

We looked at the management of complaints and compliments policy and procedures. These gave information about how people could complain and the timescales for responding to complaints. One relative told us that they had made a recent complaint and that they were satisfied with the response they received. There was evidence made available to us of the concern, which had been resolved in a timely manner in accordance to the home's complaints procedure. People said they knew how to complain if they were not happy with the service.

People told us during our visit "they were very happy living in the home and had no complaints". People told us they found it very good at the home and staff were helpful. One person said "I've never had to complain". The registered manager told us they would talk with people whilst they conducted spot checks. This was to ensure that any concerns were dealt with and assessing whether people were satisfied with their care. These conversations were documented and discussed at the staff meetings and the manager told us that they would deal with any concerns immediately.

The home had previously received formal complaint from a neighbour which had been resolved. The regional manager told us that they were still looking at making some additional changes to prevent any further complaints which could have an impact on the home. For example, the home would adjust their delivery times so not to cause any disturbance to the neighbourhood and the home.

Verbal compliments were given to the management team at the time of our visit. The relatives said "thank you so much for your kindness and support; everyone has been so caring and compassionate."

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

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk