

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

Okeley Care Centre

Corporation Road, Chelmsford, CM1 2AR

Tel: 01245287500

Date of Inspection: 14 January 2014

Date of Publication: February 2014

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
Safety and suitability of premises	✓ Met this standard
Requirements relating to workers	✓ Met this standard

Details about this location

Registered Provider	Okeley Healthcare Limited
Registered Manager	Ms. Nicola Ryan
Overview of the service	Okeley Care Centre is registered as a residential home providing accommodation with personal care for up to 84 older people, some who may have dementia. It is located in Chelmsford, Essex. The home does not provide nursing care.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Management of medicines	10
Safety and suitability of premises	11
Requirements relating to workers	12
About CQC Inspections	13
How we define our judgements	14
Glossary of terms we use in this report	16
Contact us	18

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 14 January 2014, 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 and talked with staff.

What people told us and what we found

On the day of inspection there were 82 people living at Okeley Care Centre. The home was divided into five units, with a separate staff team assigned to each. Three of the units provided care for people who had dementia.

We spoke with eight people who lived at the home. One person said to us: "I have no complaints; the staff are so kind all the time." Another person said: "I don't think they could do it any better." Two people told us how they had made friends with each other since coming to live at the home. We were not able to speak with some of the other people due to their communication needs. We observed the care and attention these people received from staff. All of the interactions we saw were appropriate, warm, respectful and friendly. People were treated in a way which sought to preserve their dignity.

The accommodation was designed to meet the needs of the people living there, was suited to caring for people with limited mobility and was properly maintained. The home was warm, clean and was personalised to the people who lived there.

We saw that people's support plans and risk assessments reflected their needs and were up to date. Staff we spoke with were aware of the contents of the care plans, which enabled them to deliver safe care in line with those plans. The provider had systems in place that ensured the safe receipt, storage, administration and recording of medicines. Staff recruitment systems were robust.

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 and people's views and experiences were taken into account in the way the service was provided and delivered.

Reasons for our judgement

We spoke with eight people who lived at the home. One person said to us: "I have no complaints; the staff are so kind all the time." Another person said: "I don't think they could care for me any better." Another person said: "I have been here a long time and I love it here." Two people told us how they had made friends with each other since coming to live at the home.

We were not able to speak with some of the other people due to their communication needs. We observed the care and attention these people received from staff. All of the interactions we saw were appropriate, warm, respectful and friendly. Staff were attentive to people's needs. People with dementia were able to move freely within the home, which contributed to a calm and relaxed environment. This meant people's human rights were respected.

We saw that people's bedrooms were personalised, all being decorated with their personal effects for example photographs of their families. We saw that staff knocked on people's bedroom doors and waited for a response prior to entering, which showed a respect for people's personal space.

The home had a hairdressing salon. Staff told us that a local hairdresser came to the home three times a week. The manager told us that one of the people who lived at the home regularly helped the hairdresser by making teas and coffees and providing general assistance during their appointments. We saw this happening during the inspection. This showed the provider promoted people's independence and community involvement.

We found that the management team organised regular residents' and relatives' meetings, with dates for them published well in advance. One person said they liked the relaxed atmosphere in those meetings. We saw minutes of one recent meeting where ideas for outings had been discussed, along with different ideas for the menus. At the meeting people had requested that staff should always wear their name badges. The manager had

subsequently instructed staff this should always be the case. This meant the provider listened to the views of the people and their families and representatives in order to develop the provision of care and support at the home.

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

One person said to us, "I feel I am very well cared for here."

At our visit we read eight people's care records. Care records are documents which identify a person's needs and what staff need to do to meet those needs. This includes risk assessments that detail how staff can reduce the risks to people. Each person had a file that contained an assessment of the person's needs, personal inventories and consent forms for people to receive care and treatment. These had been signed by the people on admission.

The rest of the care records were computerised. We were given access to the computer system and we found the records to be up to date and presented in a user friendly way. We saw all contact details of family members and other representatives, care plans, risk assessments, medical information, incident logs and Mental Capacity Act (2005) information. In addition we saw important personalised information for each person, for example what time they got up and went to bed, what drinks they liked and their individual routines. This information was easily accessible to all staff by a mouse click.

We saw in each of the care records that the provider had used established scoring systems designed to assess people's risk of malnutrition or risk of developing pressure ulcers. People's weight was monitored regularly. Moving and handling assessments were also present and these documents explained how people were to be transferred between different environments and what equipment was required to do this safely. Other risk assessments were in place, for example falls prevention. This demonstrated that care and treatment was delivered in a way that was intended to ensure people's safety and welfare.

We saw care plans in all cases which covered important areas of care such as personal care, mobility, skin care, emotional well-being and social activities. The computer system prompted all care plans and risk assessments to be reviewed on a monthly basis. Two senior staff told us how they could see at a glance each day which care records were due for review so they could ensure this was completed appropriately.

All staff were able to access the care records securely. Computer stations were located

throughout the home. One staff member explained to us that it was an easy system to work with and keep up to date. One staff member, who had previously worked in a different care home, commented: "The computer system is so much better and so much quicker than using paper files."

The staff we spoke with were clear on the need for up to date records and told us this was constantly reaffirmed by the management of the home. We saw in one case how night staff had recorded their 2-hourly observations on the system throughout the night. Three care staff that we spoke with were knowledgeable about people's care needs. This meant staff were able to support people in line with the information contained within care plans that were up to date.

We saw written plans in place for the critical loss of functioning of the IT systems, as well as flood, fire or serious building damage. As well as describing what to do, these plans had named people throughout the provider's organisation who would make key decisions. This showed there were arrangements in place to deal with foreseeable emergencies.

The home employed two activities coordinators. They organised a series of activities including arts and crafts, age-appropriate exercise sessions, religious services and entertainers who came to the home to perform.

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

We looked at the arrangements for people's medicines. We saw that they were safely stored in locked medicine rooms on each unit. The medicine rooms contained locked trolleys, cabinets and refrigerators. A further lockable cupboard was available in each room for the storage of controlled drugs, which was the correct type to be used for this purpose. Controlled drugs are a group of medicines that require an enhanced level of secure storage. For this reason, the handling of these medicines is subject to certain controls set out in law. Keys to the cupboard and the cabinets were kept safely by the shift leader. This meant the service kept medicines securely and in an appropriate manner.

We found that staff monitored the storage temperatures of the medicine rooms and the refrigerators on a daily basis. Records indicated they were within safe limits. This meant people's medicines were kept at the right temperature.

We saw that people's medication administration record (MAR) charts were easy to read and up to date, with staff having signed appropriately when they had administered each medicine. There were no gaps in any of the records we inspected. Where medicines had been given on an "as required" basis, staff had written the reasons for the administration on the back of the MAR chart.

Each person had their photograph on a sheet of paper in front of the MAR sheet. This meant that staff could identify people correctly before giving medicines to them. We saw accurate and up to date records for the receipt of medicines into the home and the return of medicines to the pharmacy. Bottles containing liquid medicines had been dated upon opening, which meant the amount of liquid remaining could be accurately checked against administration records. This showed that people were protected by safe systems for the administration of medicines.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

We did not speak with people about their environment.

We found the home was warm and clean and there were no unpleasant odours. We saw domestic staff working within the home and staff told us this was the case every day. The provider also employed a maintenance team. The environment was suitably designed to care for people with limited mobility.

Each bedroom had an assisted shower and toilet. There were additional communal assisted bathrooms. Each unit had a separate nurse call system. There were two smoking rooms, specifically designed for the purpose, which meant people who smoked did not have to go outside. The lounges were arranged in a homely way, with chairs together in small groups. Several lounges and many of the corridors contained reminiscence items and old-style pictures. This meant people were reminded of old times and felt at home.

We observed that COSHH (Control of Substances Hazardous to Health) risk assessments were in place and that cleaning materials were locked away when not in use. We saw paperwork that showed the gas boiler had been serviced in the last year by suitably qualified professionals and the water systems had been tested for the presence of legionella bacteria. The electrical appliances at the home had been tested for safety, as had the fire alarm systems and all fire prevention equipment such as extinguishers. Hoisting systems, window restrictors and wheelchairs had been inspected regularly for safety. This demonstrated that the provider had taken steps to provide care in a safe environment that was appropriately maintained.

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

We looked at records obtained by the registered provider for the employment of five staff members who had been recruited to work in the home since the last inspection. We found that all required checks had been carried out before these staff started work in the home. The checks included written references, documentary proof of their identity and completed application forms with full employment histories. These staff had signed declaration forms indicating they were medically fit for work. We also saw that criminal records checks had been undertaken to ensure the staff were not unsuitable to work with vulnerable people.

We saw that detailed notes were kept from the interviews of each candidate. This indicated that care and attention went into recruiting people with the right skills and abilities to care for people in the home. This showed that people were protected by a robust staff recruitment process.

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@ccq.org.uk

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

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
