

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

## Oakley Lodge Nursing Home

55 Oakley Road, Luton, LU4 9PX

Tel: 01582613656

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

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard

## Details about this location

Registered Provider	Oakley Lodge Care Home Limited
Registered Manager	Ms. Elzbieta Langley
Overview of the service	Oakley Lodge Nursing Home is registered with the Care Quality Commission (CQC) as a care home with nursing. The home provides personal and nursing care for up to 6 people who may have a learning disability and dementia care needs.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury

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

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 13 December 2012, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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When we visited Oakley Lodge Care Home on 13 December 2012, we used different methods including observation to help us understand the experiences of people using the service, because some of the people using the service had complex needs which meant they were not able to communicate verbally. We also reviewed the care records of five of the six people living at the home.

We saw that people were offered support at a level which encouraged their independence and ensured that individual needs were met. The atmosphere within the home was relaxed which meant that people were at ease in the presence of the staff supporting them. We observed that staff were polite and respectful in their approach to people and observant to the needs of the people they were supporting. There was evidence of people working together with staff in decorating the home for the Christmas period.

During our visit, we noted that people were involved in planning their care and made decisions about how they spent their free time. People were supported to leave the home to go shopping and were encouraged to participate in other activities within the home. One person said, "I'm happy here, I like my room and I like the staff." A relative told us, "I'm really pleased that she (speaking about the person using the service) came here, I have no complaints at all."

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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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.

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### Reasons for our judgement

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During our visit to Oakley Lodge Care Home on 13 December 2012, we spoke with two of the six people living at the home about their experiences. We also observed how care was provided to a further two people living at the home who experienced complex communication problems. Our observations showed that people were engaged at a level that was suitable for them but which respected their individual needs.

We saw that people were treated with dignity and respect and offered consistent levels of support and encouragement to make personal choices about all aspects of their life, including the care and support they received. Those people who experienced communication difficulties, were also helped to express their views and to contribute effectively towards activities taking place.

We noted the five care plans we reviewed and the information displayed within the home included pictures, which meant that information was suitable for everyone. Documentation showed that people had been given appropriate assistance to make safe decisions about the care and support they required. It was evident that staff knew what people's likes and dislikes were and that they treated people as individuals.

We observed continuity of care and positive engagement between staff, people and relatives using the service. Staff remained respectful of people's choices and needs and were aware of individual diversity, values and human rights. One person told us, "I'm really happy here, the staff are nice." Another told us that, "They always listen to me and are interested in me."

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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During our visit to Oakley Lodge Care Home on 13 December 2012, we reviewed the care records for five of the six people living at the home. The records were individualised and offered staff comprehensive information and guidance about people's preferences and care needs and how best to meet these. The records clearly showed that the individuals or their representatives had been involved in both the development of care plans and during any subsequent reviews. One relative told us they had been involved prior to admission to the care home and that they were kept regularly updated with any changes or information.

Care records included information about previous medical history and current care needs and medication. This meant that staff had clear guidance to observe when delivering care and that care was delivered with consistency between all staff. Two files we looked at were for people who had complex medical conditions that could need emergency treatments. Information offered robust and clear information for staff on how to manage such situations. This showed that there were arrangements in place to deal with foreseeable emergencies.

People had health action plans in place which evidenced that they attended appointments with health professionals and that all aspects of their health and well being were being monitored by staff.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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During our visit to Oakley Lodge Care Home, we saw written evidence of people's medication administration charts so that staff knew what was prescribed. There was a clear indication of the time of day that each medication needed to be administered and medication charts were completed correctly with no omissions. We reviewed medication administration records for five of the six people living at Oakley Lodge and saw that the medication had been administered and recorded correctly as prescribed.

We observed that all medications were stored correctly within a locked cabinet and that unused medications were safely disposed of with a record being kept of the disposal in a separate book. There was a clear record of the medication that had been disposed of.

There were robust systems in place to record medication coming into the home and as a result we were able to check the stock of medication held in the home against the staff signatures. This showed that the medications were present and accurate.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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The people that we spoke to during this inspection told us that they liked the care staff who supported them and that they felt safe in their care. one relative told us, "I feel the staff have really good knowledge and are more than qualified to provide care."

During this inspection we reviewed the recruitment records for four of the thirteen staff who worked at Oakley Lodge Care Home. We saw that their personal files contained documentation which provided a clear and robust audit trail and further demonstrated that comprehensive recruitment processes were followed prior to staff appointments being confirmed.

We observed that all the necessary documents such as references, Criminal Record Bureau (CRB) checks, Independent Safeguarding Authority (ISA) checks were present in staff files. There was information recorded about previous work experience and skills relevant to the current role which meant that people were supported by staff who were suitable for this work.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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During our visit, we observed that people were supported by the provider to make a comment or complaint where they needed assistance. The provider had robust systems in place for people living at the home or their representatives, to raise concerns or make comments about the service provided. Effective systems were in place to monitor complaints which meant that people were offered clear and easily accessible information on how to complain.

Both staff and people living at Oakley Lodge said they felt able to raise their concerns and were confident that these would be dealt with effectively in a positive and supportive manner. This meant that people had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

During our visit on 13 December 2012, there were no recent complaints but we were able to observe that the process of complaints was clearly documented for all, in both written and pictorial, easy read formats. In addition to the formal complaints process, regular resident meetings were held where people were supported by staff and their representatives to raise any issues or concerns. Written information showed that where lessons could be learned from issues or changes made to make the home more effective, that this was implemented swiftly.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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