

***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>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Meeting nutritional needs</b>	✓	Met this standard
<b>Safety and suitability of premises</b>	✓	Met this standard
<b>Supporting workers</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 provides care and support for up to 6 people with disabilities and/or 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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## 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 5 December 2013, 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 inspected Oakley Lodge Nursing Home on 5 December 2013, we found a relaxed and caring environment, where people were supported by staff who were trained, knowledgeable and responsive to their needs. We used different methods, including observation to help us understand the experiences of people who used the service. This is because some of the people had complex needs which meant they were not able to communicate verbally.

We looked at the care records for four of the six people who used the service. We found people's needs had been assessed, and appropriate support plans and risk assessments were in place. They were reviewed regularly to reflect people's changing needs. Although most people were unable to give informed consent, we found they were supported in a way that promoted their rights.

People's nutritional needs were met and their food preferences respected. Appropriate systems were in place to support a person who required percutaneous endoscopic gastrostomy (PEG) feeding.

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

### 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

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### Our judgement

The provider was meeting this standard.

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

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

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### Reasons for our judgement

We found that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Due to the complex nature of their needs, most people were unable to give informed consent to their care and support. We saw that the provider acted in accordance with the legal requirements of the Mental Capacity Act 2005, and mental capacity assessments had been completed. These identified a number of issues people needed support with, including making decisions about their medication treatment, end of life care, and when a person moved from another care home to Oakley Lodge Nursing Home.

We observed respectful interactions between staff and people who used the service. Staff understood people's individual needs and preferences, and their choices were being respected and valued.

**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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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We saw that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We looked at the care records for four of the six people who lived at Oakley Lodge Nursing Home. We saw people's needs had been assessed, and care and treatment was planned and delivered in line with their individual care plans. Most of the people who used the service had complex care and treatment needs, including a person with a percutaneous endoscopic gastrostomy (PEG) in situ, both for nutrition and for the administration of their medicines. The home had appropriate equipment and guidelines, to ensure that the care was delivered safely and effectively. Where necessary, the home worked closely with other health and social care professionals, in order to meet people's needs.

People who used the service had complex needs which meant that most were not able to tell us their experiences. However, we used different methods to help us understand their experiences, including direct observations of their interactions with the staff who supported them. The two staff we spoke with were knowledgeable about the needs of the people they supported, understood people's communication methods and they were responsive to their needs.

We spoke with one person who told us that they were happy with the support they received from the staff. We also spoke with the relatives of two other people who used the service, and they told us their relatives received appropriate care and support. One relative said, "The care at the home is excellent. I am in regular telephone contact with the manager, and all staff are doing their best to look after my relative."

We saw that people were supported to engage in activities within the home. Additionally, people who were able to do so, were also supported to access a variety of community based recreational activities. The registered manager told us that these activities included people being regularly taken out for meals.

**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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We saw that people were provided with a choice of suitable and nutritious food and drink. A pictorial menu was displayed in the dining area, in order that people who used the service could understand the available options.

When we asked the cook how they ensured that they considered people's food preferences in the planning of the menu, they told us that people were encouraged and supported to point at the pictures of the food they would want to eat. We observed that prior to preparing the lunchtime meal, the cook asked people what meal they wanted. They were supported to select a meal from a choice of two options from that day's menu.

During the meal, we observed that people were supported to be able to eat and drink sufficient amounts to meet their needs. People were supported with dignity during this process.

## Safety and suitability of premises

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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During our inspection, we saw that the provider had taken steps to provide care in an environment that was suitably designed and adequately maintained. We found the home was clean, and the communal areas were bright and appropriately furnished. There was sufficient space for people to engage in either individual or group activities, and socialise. People had individual and personalised bedrooms. This ensured that their privacy, dignity and choice were protected.

We saw that staff completed regular environmental audits to ensure that people who used the service were protected from the risks of unsafe premises.

Appropriate risk assessments and support plans were in place so that everyone in the home was supported to access all areas of the home. We saw that the garden could be accessed by people who used the service, and the registered manager told us that it was used daily during the warm months.

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

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## **Our judgement**

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The provider was meeting this standard.

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

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## **Reasons for our judgement**

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We looked at the records for four of the eleven staff who worked for Oakley Lodge Nursing Home. We saw evidence that staff had received training in key areas for their role, in line with the provider's staff training requirements. Staff also completed additional training as necessary, to meet the individual needs of people they supported. For example, we saw that some of the staff had completed training in percutaneous endoscopic gastrostomy (PEG) feeding, in order to effectively and safely meet the needs of the person they supported. The home employed six registered nurses, and we saw evidence that they were supported to acquire further training and professional development, to meet the requirements of their registration. For example, one staff had completed phlebotomy training.

Staff supervision records indicated that staff had received individual, as well as, team supervisions. Additionally, all staff had an annual appraisal.

We saw records of regular staff meetings and noted that a range of relevant issues were discussed during these meetings. The minutes of these meetings were available to all staff, to ensure that everyone was aware of the issues discussed and any changes that may affect their work.

## 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.

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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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