Inspection Report

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

Oakhaven Residential Care Home

136-140 Hales Road, Cheltenham, GL52 6TB

Tel: 01242528377

Date of Inspections: 14 November 2012
13 November 2012

Date of Publication: December 2012

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Oakhaven Residential Care Home
Registered Manager	Mr. Ralph Holland
Overview of the service	Oakhaven Residential Care Home provides accommodation and care for up to 27 older men or women.
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'.

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 reviewed all the information we have gathered about Oakhaven Residential Care Home, looked at the personal care or treatment records of people who use the service, carried out a visit on 13 November 2012 and 14 November 2012 and observed how people were being cared for. We checked how people were cared for at each stage of their treatment and care, talked with people who use the service, talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We spoke with seven people using the service and observed people during a lunchtime and afternoon activity. People told us "its marvellous here", "can't fault the staff, they are lovely" and "they try very hard with the activities". A relative told us "they are well cared for" and "staff are really good and mum is happy". Another relative said, "it means alot that mum is happy and entertained".

We found that people's consent or the consent of their family and advocates was received before providing care and support. People's needs were assessed and care plans and risk assessments provided a person centred overview of how they wished to be supported.

People had access to a range of social and health care professionals. We found that the home worked closely with them to promote the health, welfare and safety of people.

The home was well maintained and kept in good condition. People told us their rooms were kept clean and they were happy with their accommodation. People said they liked to have meals in the garden in the warmer weather.

We found that recruitment and selection processes were in place to check that staff were of good character and had the skills and experience to work with people. People told us "staff really are brilliant".

People had the opportunity to give feedback about the service they received. There was evidence that their views were used to effect change within the service. We found that the home was meeting all the standards inspected.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. People told us that staff discussed their care needs with them. Care records we examined had been signed by people or their representatives. We observed people being offered choices about the care, treatment and support provided. Staff told us, "we gain consent before we do anything. We are aware of people's body language if they are unable to give verbal consent".

People's care records evidenced that their capacity to consent to aspects of their care and support had been considered. Where it was assessed that people lacked the capacity to make a decision about any part of their care or support this was recorded. We noted that there was guidance for staff about the support they should offer to enable people to understand and make decisions about the service being provided to them. There was evidence that where decisions were taken on people's behalf these were done in their best interests. Relatives, family members, advocates or a Lasting Power of Attorney (LPA) were being involved in this process.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. In line with the requirements of the Mental Capacity Act 2005 where a LPA was appointed records noted whether they were able to make decisions about people's health and personal welfare or about their property and affairs. For some people there was a 'do not attempt resuscitation order' (DNAR) in place. Where people were unable to make this decision, there was evidence of discussions with the family. These orders were signed by their GP and a family member.

Where restrictions were in place such as the use of bed rails, the rationale for their use was noted to safeguard them from harm. For one person there was evidence that the family had been involved in the decision to use bed rails and given their consent.

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

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care records for three people using the service. Each person's physical, social, emotional and mental needs were assessed from which the relevant care plans were developed. Care plans provided clear guidance for staff about how people wished to be supported with their care. In addition to these records people had a summary of their care needs and monitoring forms in their rooms. Staff discussed with us other person centred records which were be developed to supplement care plans.

We looked at the specific needs for each person such as pressure ulcer prevention, dementia or falls prevention. Care plans and risk assessments described the strategies in place to make sure people stayed well and safe. Where additional equipment was provided this was noted. Monitoring forms were being used for instance where a person was at risk of developing pressure ulcers. These evidenced that the person was being turned every two hours and that creams were being applied.

Care records were being monitored and reviewed at least monthly. Where there were changes in people's needs and amendments were made to care records these were clearly identified. Staff told us that every six months care records were reviewed and the new version placed in people's files. Care plan audits were in place.

We discussed with staff that some care plans, for instance those for people with dementia, contained similar information although sections appeared not to be relevant to that person. These care plans had been amended by our second visit and personalised to reflect the care and support provided to each individual. Care plans for pressure ulcer prevention and falls prevention were person centred and specific to each person.

We discussed with staff how they cared for people with dementia. They confirmed they had completed training and were applying this knowledge to the support they provided. They told us how they encouraged people to eat using special crockery. Prompts such as newspapers, diaries and posters were used to help people remember appointments or dates. We observed staff supporting people patiently and responding to them with sensitivity and good humour. People told us staff were "respectful and polite" and "so good with people".

Incidents and accidents were being recorded. There was evidence that these were being monitored and the necessary action was being taken to prevent further incidents or accidents. Where necessary care plans and risk assessments were being changed to safeguard people from further harm. For instance, staff told us that referrals were made to the necessary health care professionals and equipment such as alarms or crash mats were put in place.

Discussions were being held with people and/or their family about their end of life wishes when appropriate. Advance care plans were in place. People's spiritual and cultural beliefs were noted in their care records. A person told us they regularly went to a local church.

People had access to information about the activities being provided. We observed people taking part in a musical afternoon enjoying listening, singing and dancing to the music. One person told us about a wish tree in the lounge which displayed a wish from everyone in the home. She said she had asked to go to the cinema or theatre and this had been arranged fortnightly. Other people wanted to go the park, the zoo, to Stratford and to see the autumn leaves. Staff said they had managed to meet most people's wishes to date.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others. There was evidence that when people were admitted to the home a full assessment had been completed and information obtained from other social and health care professionals where appropriate.

People's care records evidenced that social and health care professionals continued to be involved in their care and treatment. There was evidence that people had access to community mental health nurses, district nurses and their GP. Referrals were made to local county council support teams for advice and support. Records were maintained for each person listing visits from social and health care professionals. These confirmed people were having access to dentist and optician appointments.

Staff discussed with us their links with local dementia support networks. They had attended training and said they could access trainers for support at the home if needed. The home had a dementia lead and dementia link workers. Senior staff told us the home was part of a local association open to independent providers of social care.

Safety and suitability of premises ✓ Met this standard

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

The provider has taken steps to provide care in an environment that was suitably designed and well maintained. We walked around the home and with people's permission viewed their bedrooms. The home was kept in a good condition, accessible and clean during our visits. People's rooms were decorated to high standards and they had brought their personal possessions with them. People's doors were fitted with fireguards so that they keep could their doors open if they wished. The home was well lit, ventilated and warm.

We looked at the laundry which was clean and tidy. An industrial washing machine and tumble drier were provided. Hazardous products were locked away securely. We were told there was space to air laundry on the top floor. We did not inspect this area. We found that communal toilets and bathrooms were clean and well maintained.

The kitchen had been inspected by Environmental Health in April 2012 and awarded five stars. Recommendations to repair floor tiles were carried out promptly by the home.

We observed people spending time in communal areas. Comments received by the home as part of their quality assurance process included, "top class, the cleanliness". People told us they were happy with their accommodation and one person said, "rooms are clean".

We found that checks were being completed such as environmental risk assessments, monthly health and safety audits, kitchen audits and cleaning schedules. The manager told us that day to day repairs were dealt with as they arose by a maintenance person. They said redecoration was completed as needed. A maintenance log book was kept. We were told that vacant rooms would be completely refurbished. We were shown a room which had been redecorated and fitted with new carpets.

The gardens around the home were accessible and featured a veranda with seating. People told us they liked to sit outside and enjoy the garden when the weather was warm.

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

There were effective recruitment and selection processes in place. We looked at the recruitment and selection records for five new members of staff including two apprentices. A checklist was used to evidence receipt of records required by us and the dates these were received. We found that each applicant had been asked to complete an application form and provide an employment history. Where there were gaps these were being investigated and evidence provided to give a full employment history. Two references were received prior to the member of staff starting work. The provider may find it useful to note there were inconsistencies when approaching former social care employers where people had previously worked with children or adults. A reference had been obtained for one applicant to verify their reason for leaving. For another applicant who had previously worked for three social care providers they had obtained one reference from a previous provider and a personal reference. There was no evidence that the other providers had been contacted to verify the reason the person left.

We found that an Independent Safeguarding Authority (ISA) first check and a satisfactory Criminal Records Bureau (CRB) check were usually being obtained before the member of staff started working. For one person an ISA first check was in place but they had started work before their CRB had been returned. There was evidence that they shadowed another member of staff until the check was returned. The provider may find it useful to note that there was no risk assessment in place detailing these safeguards.

All new staff had completed a medical questionnaire. Risk assessments had been produced for a member of staff who was pregnant and for apprentices under the age of 18. All new staff completed an induction programme focussing on the common induction standards. The manager told us they also completed the home's induction.

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 receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. People gave us examples of how they had expressed views about the service they received which had effected changes within the home. For instance one person said their laundry occasionally went missing. In response to their concerns clothes were marked with their room number. They told us this was no longer a problem for them. One relative had commented in their survey that their parent liked to have crusty bread. This was made available for them. Relatives were asked how well informed they felt and they gave differing opinions. In response they were asked to choose from one of three options about how they could be better involved in reviews of their relative's care.

A newsletter for August/September 2012 provided people and their relatives with a summary of feedback from recent surveys. 97% of respondents said they were very satisfied with personal care and 88% were very satisfied with daily living. No respondents said they were dissatisfied with the quality of service provided. As a result of people's feedback actions were identified and evidence provided when these had been completed.

People confirmed that residents meetings were held where they talked about activities and meals. We read minutes for a meeting in October 2012. The manager said these were held every two months and people discussed topics of interest to them.

The home had not received any complaints. They had received a number of compliments from people using the service and relatives. One family said, "you put your hearts and soul into caring for mum".

Robust auditing systems were in place. We found that risk assessments were up to date and health and safety checks were completed at appropriate intervals. Where any shortfalls were identified these were dealt with in a timely fashion. Accidents and incidents were monitored and the appropriate action was taken to prevent further harm to people. Other audits being completed included care records, medication and infection control.

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.

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

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