

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

## Otterhayes

Salston, Ottery St Mary, EX11 1RH

Tel: 01404816300

Date of Inspection: 31 January 2013

Date of Publication: February 2013

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

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

**Meeting nutritional needs** ✓ Met this standard

**Safeguarding people who use services from abuse** ✓ Met this standard

**Management of medicines** ✓ Met this standard

**Safety and suitability of premises** ✓ Met this standard

**Supporting workers** ✓ Met this standard

**Complaints** ✓ Met this standard

## Details about this location

Registered Provider	Otterhayes Trust Limited
Registered Manager	Mrs. Carolyn Allen
Overview of the service	Otterhayes provides residential accommodation for up to six people who require personal care. They are not registered to provide nursing care. They are also registered to provide personal care to people who live in supported housing. The Otterhayes Trust is a registered charity.
Type of service	Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Personal care

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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 31 January 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

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### What people told us and what we found

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On the day of this inspection there were five people with learning disabilities living in the residential home known as Otterhayes. In addition the service provided a personal care service to 15 people who lived in supported accommodation situated either in the grounds of Otterhayes, or in the town nearby. During our visit we spoke with four people who lived in Otterhayes and three people who received a personal care service. We also spoke with four members of the management team, and three members of staff.

People told us the care and support they received met their needs and protected their rights. One person told us "They help us with what we have to do every day. They explain things. They always listen to us."

People received a healthy and varied diet. They were supported to plan and prepare their own choice of meals and drinks. Comments included "The food is fab!"

People told us they felt safe. They were encouraged and knew how to speak out and raise any concerns or complaints. Staff knew how to protect people from the risk of abuse. Medicines were stored and administered safely.

People who lived in Otterhayes lived in comfortable, safe and well maintained premises. A person who showed us their bedroom told us "It's perfect!"

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. They told us "The staff are nice!" and "The staff are fun – they are all friendly."

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

### 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

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### Our judgement

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

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked support plans and other records relating to the care and support received by three people who lived in the residential home known as Otterhayes. We spoke with these three people to find out if the care and support they received met their needs. We also spoke with three people who lived in supported accommodation.

Each of these six people told us they were happy with the care and support they received. A person who lived in the residential home gave us a 'thumbs up' sign and said "They are nice". A person who lived in supported accommodation told us "They help us with what we have to do every day. They explain things. They always listen to us. They come up every day."

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Each person had a support plan that had been drawn up with them, and with their families or representatives where appropriate. The plans had been signed by each person or their representative to show they agreed with the content. People had their own copy of their plan. Pictures, signs and symbols had been used where necessary to help people understand what was written about their care and support needs.

The information in each support plan was well laid out and easy to read. The plans included details of their previous history including family, friends, health and personal care needs. They also set out all areas of people's current health and personal care needs, and explained how the person wanted to be supported by staff. The plans explained people's preferences, and their abilities. There were clear explanations showing how the person wanted to be supported to promote their choice and independence.

Each person also had a daily diary. Two people showed us their diaries which contained information about the things they did each day, their health and their mood. The diaries

showed they had a wide range of interests and regular activities. On the morning of our visit most people living at Otterhayes attended a drama workshop. People told us they enjoyed these sessions. In the afternoon we saw people helping to care for chickens and goats. One person told us they enjoyed helping with housework, including laying the dining table, hoovering and dusting. They also liked shopping in Sidmouth. Another person told us they worked in a local supermarket. They also enjoyed cooking, painting and drama. This showed that people's welfare needs were met through a range of fulfilling and enjoyable activities.

There were arrangements in place to deal with foreseeable emergencies. Risk assessments had been carried out on all known risks. The manager told us they were in the process of reviewing and improving their risk assessments. The manager also described the way they assessed and observed changes in people's health and behaviour. Where they had observed changes, for example changes in weight or shape, they had sought medical assessments and treatment. This showed that people's health and personal care needs were monitored and assessed closely and relevant professional advice and treatment was sought appropriately when necessary.

Support plans explained the things that may cause people upset, and may trigger behaviour that may cause themselves or other people a risk of harm. Guidelines were in place to help staff understand people's behaviours and explain how staff should support people to reduce their anxieties. Monthly reviews were carried out to ensure the guidelines were effective and people remained happy and safe.

**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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People were provided with a choice of suitable and nutritious food and drink. The manager explained how staff sat with people to help them choose the menus. They had a range of recipes with pictures to help people pick their favourites. The menus were drawn up for a 12 week period, and were then reviewed and changed. We saw evidence of the menus and recipes. These showed that people were offered a varied and balanced range of meals.

People we spoke with told us they always enjoyed the meals. Comments included "The food is fab!" People gave us examples of the foods they enjoyed, and the foods they did not like. They assured us they were always offered a suitable alternative if they did not like the main meal on offer. We also heard that people living in the residential home were encouraged to help prepare meals.

One person we spoke with who lived in supported accommodation had cooked themselves a curry for their evening meal. They told us they enjoyed cooking their own meals. We also spoke with two people who told us they received the support they needed from staff to help them plan, shop and cook their own meals. They showed us how they shopped each week using the internet, and used local shops after planning the following week's menus. They told us they always had good stocks of food available.

People were supported to be able to eat and drink sufficient amounts to meet their needs. We saw evidence in support files that people were given support and advice on healthy eating. People were weighed regularly. The manager told us that all dietary needs were catered for, for example, staff prepared meals especially for a person with coeliac disease. They also prepared meals separately for people who did not like certain ingredients, for example, mushrooms.

We saw people making, or receiving drinks whenever they wanted. One person enjoyed making drinks for visitors. This showed that people had access to sufficient drinks of their choice whenever they wanted.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. People we spoke with told us they felt safe. They were confident that they could speak out if they had any worries about possible harm or abuse. They told us they knew who to speak with, and how to raise concerns. Comments included "No-one ever shouts – everyone is nice," and "I feel safe here."

We were given evidence to show that all staff had received training on abuse awareness in April 2012. We were also told that the staff handbook had been revised and updated and every member of staff had received a copy. This contained information about raising concerns, complaints and whistle blowing. A member of staff we spoke with confirmed they had received a copy of the new handbook and they were able to tell us about some of the information it contained.

Two staff we spoke with said they were confident that any issues or concerns could be raised with the provider or manager and they were confident these would be listened to and acted on appropriately.

Since our last inspection no allegations of abuse have been received either by CQC or by Otterhayes.

People who use the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. The provider told us that none of the people living at Otterhayes or receiving a personal care service from them needed to be restrained at any time.

**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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Appropriate arrangements were in place in relation to obtaining medicine. Medicines were provided in 28 day blister packs by a local pharmacy. We saw there were systems in place for ordering new stock each four week period, and checking stocks received into the home. Where medicines were not supplied in 28 day blister packs any stock carried forward at the end of the 28 day period were checked and the amounts recorded. This meant the home had suitable auditing systems in place to ensure stock levels were correct.

Appropriate arrangements were in place in relation to the recording of medicine. We checked the medicine administration records and saw that most medicines administered had been signed by a member of staff to confirm the medicine had been administered. Coding was used correctly for medicines refused or not administered for any reason with the exception of two gaps in the records for one person. We spoke with the manager who was able to explain what had happened. They agreed that the records had not been completed correctly and said would introduce additional monitoring tools to prevent the risk of records not being completed correctly in future. The provider may wish to note that systems to ensure that records are completed correctly each time a medicine is administered may not be fully effective.

Three people who lived in the residential home told us they were confident their medicines were looked after safely. Comments included "Yes, I am happy with the way the staff look after my medicines." One person who lived in supported accommodation told us they held and administered their own medications. They told us the staff gave them support to make sure they had adequate stocks in place and were managing their medicine safely.

Medicines were kept safely. Medicines stored in the residential home were kept in a metal medicine cabinet securely fixed inside a large cupboard. The cupboard door was kept locked at all times when not in use by staff.

Medicines were safely administered. We spoke with a member of staff who explained the procedures the staff followed when administering medicines. They demonstrated they had a good understanding of safe administration procedures. We also saw evidence to show that all staff had received training on safe handling of medicines in June 2012.

We also saw that safe procedures had been followed before administering homely remedies. There were records in place to show that the home had sought consent from people's doctor before administering any homely remedy (for example, paracetamol). There was information and guidance to staff on the use of homely remedies. Safe procedures were followed to record all homely remedies administered.

**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 used 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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The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained. We looked around the residential home. We saw that all areas of the home were bright, modern and attractively decorated.

People told us they were completely happy with the accommodation. Comments included "It's perfect!" Two people showed us their bedrooms. They explained how they had chosen the colour of their rooms, and the furniture and furnishings. Each room was personalised with belongings and pictures that reflected their interests and the people and things important to them. Each bedroom had an en suite shower and toilet room.

People had sufficient space to meet their needs. All rooms were of a good size, and there was plenty of communal space. People were able to move around the home safely. There was a choice of sitting areas. The furniture was of a good standard, comfortable, and suitable for the needs of the people who lived there.

Otterhayes employed two maintenance people who had responsibility for carrying out all minor repairs inside and outside the home. A maintenance book was used by staff to record any repairs necessary. Staff told us these were usually completed promptly.

The manager showed us evidence of their annual improvement plans. This included a list of larger maintenance tasks, alterations and improvements planned for the following year. This list had been presented to the Trustees of Otterhayes for their approval. This showed that there were good systems in place to ensure that all areas of the home and grounds were maintained to a good standard at all times.

**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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Staff received appropriate professional development. During our last inspection of Otterhayes on 7 February 2012 we found the organisation did not have effective systems in place to identify staff training needs. Some staff had not received regular training or updates on topics relevant to the work they were expected to carry out. During this inspection we were given a copy of a training matrix that had been drawn up since our last inspection. This showed that systems to record and plan staff training needs had been improved.

The matrix showed that all staff had received a range of training during 2012. This included training and updates on health and safety related topics including fire safety, first aid, food hygiene, and moving and handling. Staff had also received training on other topics relevant to the needs of the people they provided care for. These included abuse awareness and medication administration. In previous years staff had also received training on other topics relevant to people's needs including epilepsy, autism, down's syndrome, person centred support planning, gentle teaching, and challenging behaviour.

One member of staff we spoke with was on an apprenticeship course and attended a local college. They received regular support from their college tutor. Another member of staff we spoke with told us about the training they had received in the last year. This confirmed the information we had been given in the training matrix. They also told us they could request additional training at any time. This showed that staff had received training and updates to provide them with the skills and knowledge necessary to meet people's needs.

The manager told us that staff received formal supervision approximately every six months. However, these sessions were not planned and this meant that some staff may have received supervision at intervals longer than six months. A member of staff we spoke with could not remember when they last received formal supervision. However, they told us they could always request a meeting with their line manager at any time. They told us they received informal supervision and support on a daily basis. They also told us that staff meetings were held every month and this gave them opportunity to raise any issues. The provider may wish to note that systems to ensure staff received regular supervision were not fully effective. This meant that staff did not have sufficient opportunity to meet with their line manager on a one to one basis.

Staff told us they were well supported and there was a happy working atmosphere. Team work was good. Meetings were held every day to plan daily routines and tasks. This meant that they all knew what they had to do each day and people's needs were met fully. Comments included "It's a good place to work."

Staff were able, from time to time, to obtain further relevant qualifications. The training matrix we were given showed that every member of staff held a relevant professional qualification. Two members of staff were in the process of obtaining a degree qualification.

People we spoke with told us they were completely satisfied with the support they received from the staff. Comments included "The staff are nice!" and "The staff are fun – they are all friendly." They also told us staff were always available whenever they needed support.

**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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People were made aware of the complaints system. This was provided in a format that met their needs. Each person had been given a copy of the Otterhayes handbook that had been drawn up in a format relevant to their needs. We saw a copy of a handbook that had been drawn up using photographs, symbols and text to suit individual communication needs. It contained a range of information about the services provided by Otterhayes and included a copy of the complaints procedures.

People we spoke with told us they knew who to speak with if they wanted to make a complaint. They told us they would speak with a member of staff, the providers, a manager or a relative. Comments included "I would tell a member of staff if I was unhappy, but there is no need – the staff are always nice."

People were given support by the provider to make a comment or complaint where they needed assistance. The provider told us that they had received no formal complaints in the last year. They told us that from time to time people had asked them for support to address minor grumbles and concerns, including disputes with other people who used the service. They described the advice and support they had given people to address their concerns and resolve issues.

Staff told us that the updated staff handbook they had been given in the last year contained a copy of the complaints procedure.

## 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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