Inspection Report

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

Oakwood Residential Home

192 West End Road, Bitterne, Southampton, SO18 6PN

Tel: 02380466143

Date of Inspection: 07 March 2013

Date of Publication: April 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✗ Action needed
Management of medicines	✓ Met this standard
Staffing	✗ Action needed
Complaints	✓ Met this standard

Details about this location

Registered Provider	G & A Investments Projects Limited
Registered Manager	Mrs. Karen Perrin
Overview of the service	Oakwood Residential Home is registered to provide accommodation for up to 28 people who require nursing or personal care. It is for people who are 65 or over and many of the people using the service have dementia.
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 looked at the personal care or treatment records of people who use the service, carried out a visit on 7 March 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke with three people living at the service and five members of staff. People told us they were happy at the service. One person told us "the service isn't at all bad; they're very good to me" and another told us they had "no complaints". All were positive about the support they received from staff. One person gestured two thumbs up when asked what they thought of the staff.

The service took steps to ensure people were involved in decisions about their care and support. People's diversity, values and rights were respected. A member of staff told us that their approach was to "care for people with compassion and respect, and they feel cherished".

We reviewed care plans, and found issues with completeness and lack of personal information. Plans did not ensure or evidence that everybody's care and welfare needs were fully met. However, the provider was taking steps to address this and support was observed to be respectful and responsive to people's basic needs.

There were effective procedures and systems in place for the management of medication.

The service had problems maintaining its staffing level. The provider was taking action to address the situation, but at the time of inspection it had yet to be resolved. When the service was understaffed people had to wait longer for support to get up in the morning, and it took longer for staff to respond to call bells.

People were listened to and their comments and complaints were responded to appropriately.

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

What we have told the provider to do

We have asked the provider to send us a report by 30 April 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care and support.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and support. A senior member of staff told us they did regular 'walk rounds', when they met and spoke with people living at the service in order to get their involvement. We spoke with two people about their involvement in making decisions concerning their own care and support. One told us that staff "do listen", and "If you want to ask questions, they definitely don't put barriers up". Another person told us "staff know what I want", and "they would ask me if I had any needs". The people we spoke with did feel listened to and involved in decisions about their own care and support.

People were supported in promoting their independence. Staff gave examples of activities they supported people with to maintain independence. One told us they "just encourage people" to feed, wash and care for themselves as much as possible. They gave examples of routine, day-to-day tasks which they told us people liked to help with, such as folding napkins and helping with the laundry. Another member of staff told us that to support people's independence they "respect people's space, time and wishes". They gave an example of taking time to support people to choose their own clothes. People's dignity was promoted by the staff's focus on taking practical steps to support them to retain as much independence as possible.

People's diversity, values and human rights were respected. Bedrooms were personalised and furnished according to personal preference, showing how the service supported people's individuality. There were different rooms where people could choose to eat their meals, and we observed staff asking people where they would like to sit at mealtimes. Throughout the inspection we observed people interacting positively with each other and with staff. People sat and talked with people they liked and got on with. A number of people also had their own pets at the home. This contributed to the home having a pleasant and homely atmosphere. Staff interaction with people was observed to be warm, genuine, and respectful. Staff were attentive to people's care needs, for example asking if people were happy and checking if they needed anything. People benefited directly from

the service and staff treating them as people and as individuals.

Care and welfare of people who use services ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

The provider's systems could not ensure all people experienced care, treatment and support that met their needs and protected their rights. There were inadequate arrangements in place to maintain people's care and support in the event of an emergency.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The provider's systems for assessment and planning of care did not ensure all people's different needs were fully assessed and met. We looked at plans for four people living at the service. They were not all to the same format and were in different states of completeness. One contained very little person-centred information. The opening sheet for capturing details about the person was largely incomplete, and an essential risk assessment for bathing was left blank. The care plan was very clinical in its focus. Information was contained largely in charts for such things as bathing, bowel and mood. This suggested the person was viewed and treated as a patient, rather than as a whole person. Another person's plan contained more information about them as an individual, their likes and dislikes. However, it was also incomplete in parts and was similarly clinical in its focus. The two plans did not give staff adequate information about all of the key areas of people's care and support needs. As such, the service had not taken effective steps to ensure the care and welfare needs of those people were fully met.

Two of the care plans we looked at were in a new format. They were detailed and broke down relevant information into key areas such as communication, mobility, health and social interaction. They contained clear instructions as to the actions staff should take and support to be given for each of the separate areas. The plans were person-centred, and written in such a way that the instructions were coming directly from the person themselves, such as 'Actions to assist me'. Risk assessments covering key areas of identified risk were present, complete and up-to-date. Both care plans in the new format were signed and dated by staff and the person concerned to say they had been involved in their creation and agreed to their content. The two plans gave clear and detailed instruction as to how people wanted all of their care and support needs to be met. As such, they demonstrated the provider had taken effective steps to ensuring the care and welfare of those two people were fully met.

We spoke with staff about the service's care plans, and they corroborated our findings.

One told us "some need a bit more work". Another member of staff said they were "better than they used to be", but that they knew of people with additional needs that were not contained in their care plans. We discussed the care plans with a senior member of staff. They told us the service was aware that there was an issue with the care plans, and was in the process of redoing each of them. They told us they were working with the people who live at the home and staff who knew them best, to make the plans more person-centred and address the issues identified. The service had an action plan in place, and we saw how it identified key issues and the steps that needed to be taken to ensure all service user documentation was completed and up-to-date. Our finding was that the care plans that had been redone were much more detailed and person-centred. They demonstrated the provider was taking steps to ensure people experienced care, treatment and support that met their needs. This was work in progress, and some of the old format care plans were still in place. Those plans were not sufficient for ensuring the care and welfare needs of the people they related to were fully met.

The service had not made adequate arrangements and plans in advance of a foreseeable emergency, such as the service having to evacuate at very short notice. The service did not have any emergency planning in place, but we were told that they had identified it as an issue and were intending to take steps to rectify the situation. However, at the time of our inspection the provider had yet to introduce any emergency planning procedures. They had not taken appropriate steps to ensure arrangements were in place to maintain people's care and support in the event of an emergency.

Management of medicines ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Appropriate arrangements were in place in relation to obtaining medicine. We discussed medication with a senior member of care staff who had administered medicines on the day of our inspection. They told us the service ordered medicines electronically, on-line, on a monthly basis. Prescriptions following GP visits, such as for antibiotics, were able to be faxed through to the service's regular supplying pharmacy. We were told these were then received the same day. If people needed medication following an 'out of hours' visit from the GP, the service was able to obtain medication from another pharmacy. People's health needs were supported because the service was able to obtain essential medicines quickly and as needed.

Appropriate arrangements were in place in relation to the recording of medicine. All medicines were checked in by senior staff members, who audited each person's medication for the coming month. A manager or senior carer signed the medicines in to check all were present when they came from the pharmacy, and any discrepancies were sorted at that point. We saw the records to evidence the service's auditing at receipt. We inspected Medication Administration Record (MAR) sheets for three people at the service. They were complete and up-to-date and showed a continuous record of medication administered. 'Not required' was recorded for every instance when the person did not require optional medications. Similarly, all instances where people refused their prescribed medication were recorded on the MAR sheets. The service had separate records for the receipt, storage and administration of controlled drugs, and these were complete and up-to-date.

Medicines were kept safely. All medicines were appropriately stored. Those requiring refrigeration were kept refrigerated. We saw the daily temperature log which evidenced that they were being kept at the correct temperature. All medicine trolleys were locked and kept securely attached to the wall of the medication room when not in use. The medication room was also locked when not in use. Controlled drugs were securely kept in a double-locked cabinet. Two members of staff counted out the number of controlled drug tablets present daily, and a complete record of all controlled drugs administered and remaining demonstrated they were all accounted for.

Medicines were safely administered. All staff administering medication were put through a

half day training course and then shadowed experienced staff until the service was satisfied they were able to administer medicines safely. We were told that night staff were also trained to give medicines but, if trained night staff were not available, a senior member from day shift came in to do medication. We inspected Medication Profiles for three people and they were complete and detailed. They contained clear instructions as to what medication people must take and when, with accompanying images of medications for ease of identification. Medication profiles included information identifying any sensitivities and risks those administering medicines needed to be aware of, such as allergy to latex or to certain antibiotics. We observed medicines being administered one person at a time. We were told that some staff chose to take the trolley with them on the medication round. However, the senior staff member we observed preferred to keep the trolley locked in the locked medication room, returning to the room to get each person's medication individually.

Medicines were disposed of appropriately. All unused medicines were returned to the supplying pharmacy, and we saw the corresponding records for medications returned. The provider's medication policy instructed staff to deposit all used sharp objects, such as syringes and ampoules, in the sharp bin which we saw was kept securely in the locked medication room. The provider had a contract with a specialist waste removal company for their removal and disposal. People using the service were protected against risks associated with medicines as the provider had robust and appropriate systems in place for the management of medicines.

Staffing ✖ Action needed

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was not meeting this standard.

There were not enough qualified, skilled and experienced staff to meet people's needs.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

There were not enough qualified, skilled and experienced staff to meet people's care and support needs. We spoke with people using the service, who said they were happy living there and that they were well looked after. One person told us that staff responded "pretty quickly" most of the time to the call bell, and that overall they "had no complaints". Another person told us that they didn't think there were enough staff at the service, but the staff who were there did look after their care and welfare needs well.

We discussed staffing with two members of staff, and both identified low staffing as an issue at the service. They both also identified staff sickness as a problem, and said that when staff phoned in sick the service was sometimes unable to get additional staff to provide necessary cover. They told us about the previous day, when three members of care staff had phoned in sick in the morning. The service planned to have five care staff in work during the day, so this had left them understaffed. We checked the staff rota for the previous day and spoke with a senior member of staff to confirm this. We found that the management had managed to get one additional member of care staff to work at short notice, but they had only been able to work from 9.30am. This meant that there were only two members of care staff between 8am and 9.30am and then three members of care staff from 9.30am onwards. The impact was that two to three members of staff had had to do the work that it normally took five members of staff to do in the morning.

We asked staff what the impact of being understaffed was on the people living at the home. They told us that when they were understaffed, people had to wait longer for them to respond to call buzzers. They said that on the previous day people had had to wait in bed up to half an hour longer than they normally would, and had to wait to be supported with personal care and toileting. One member of staff told us they believed that the staffing level did impact on the service's ability to meet people's care and welfare needs. The other member of staff said they believed they were able to meet people's basic care and welfare needs, but that there was a lack of consistency and it was the "additional quality that suffers" when the service was understaffed. They gave an example that they did not have the time to sit down and have conversations with or listen to people properly.

We discussed staffing with a senior member of staff. They told us the service had identified a need for more senior members of staff. They confirmed that it was difficult to provide cover for holidays and sickness, and said this was largely because of not having enough senior care staff in post. They told us they were able to ring around the provider's other services in order to get people to cover when people phoned in sick. Ultimately, although the service did not routinely use agency staff, they were able to get authorisation from the provider to get staff from an agency if needed. They acknowledged this system was not always adequate as the previous day's situation had demonstrated. We checked the staff rota and saw further instances of shifts when the service had been understaffed, according to its own planned staffing level. We were told the issue was being addressed and the service was in the process of recruiting new senior staff. However, until the provider took appropriate steps and was able to maintain a consistent staffing level, there would continue to be a negative impact on the people using the service.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

There was an effective complaints system available. The service had a formal complaints and concerns procedure. It laid out simply and clearly how and to whom a person could complain if they were unhappy about any aspect of the service. The procedure explained what the service's response would be and the timescales for responding to complaints and taking appropriate actions to address them. The provider might like to note that the procedure needed updating, as it contained incorrect contact details for the previous regulatory body which has now been replaced by the Care Quality Commission.

Comments and complaints people made were responded to appropriately. We were told there had been not been any formal complaints, so were not able to see a recorded example of how the service had responded to or resolved complaints. A senior member of staff had been designated as the lead for handling complaints. They told us that if anybody did have an issue or complaint, then they would speak directly with that person and seek to rectify things immediately. If they were unable to sort an issue immediately, they would support the person to go through the formal complaints process if they wished. They told us that people would also be able to access the support if an independent advocate if that was required.

We spoke with a member of staff who told us they were aware of concerns and issues that people had raised in the past, and that they believed the service had dealt with them appropriately at the time. We asked two people living at the service whether they had ever made a complaint about the service, and they told us they had had no cause to make a complaint. Both people told us that if they ever did have a complaint, they would raise it with a senior member of staff and they believed it would then be dealt with properly. People living at the service benefited from an open atmosphere, one where their comments and complaints were listened to and responded to appropriately.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010** **Care and welfare of people who use services**
	How the regulation was not being met: The registered person had not taken proper steps to ensure each service user was protected against the risks of receiving care or treatment that is inappropriate or safe. They did not have effective systems for assessment of needs or the planning and delivery of care, so were unable to ensure they met individuals' needs and maintained their welfare and safety. Regulation 9 (1) (a), & (b) (i) (ii)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010** **Staffing**
	How the regulation was not being met: The registered person had not taken appropriate steps to ensure that, at all times, there were sufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity. Regulation 22

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

This section is primarily information for the provider

The provider's report should be sent to us by 30 April 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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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