

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

Sotwell Hill House

Brightwell-cum-Sotwell, Wallingford, OX10 0PS

Tel: 01491836685

Date of Inspection: 20 February 2013

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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	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✗ Action needed
Assessing and monitoring the quality of service provision	✗ Action needed

Details about this location

Registered Provider	Mr M E & Mr P R Butterfield
Overview of the service	Sotwell Hill House is a care home without nursing for up to 36 older people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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

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Summary of this inspection

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 20 February 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We observed that staff were very attentive, talking to people and showing interest. Staff and the people who used the service were sharing stories and joking together. It was clear that relationships were very positive. One person told us 'the thing that is so great is it's so homely here, really comfortable. The staff are really lovely'.

Care plans detailed a person's support needs in clear sections such as mobility, dressing, personal care, appetite. Risk assessments used a traffic light system, red amber, green to indicate the level of risk and enabled staff to understand the level of support required.

We heard that people were protected from abuse. Staff had done safeguarding training and were aware of how and when to raise an alert. People and their relatives felt they were safe. One person told us "I feel very safe here. I've never felt worried or uncomfortable about anything."

We found that supervision was not regular. This meant that staff may not have had proper guidance to provide good care to people. Although some staff we spoke with felt they could talk to the manager, a lack of formal supervision meant that these discussions were not recorded and action taken was not evident.

We saw that, although the home had a number of ways in which they gathered views about the quality of the service, there was no evidence that the information had any impact on the care provided. This was because no action was identified following collection of information.

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 08 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.

Reasons for our judgement

We found that people expressed their views and were involved in making decisions about their care and treatment.

People told us that staff were always helpful and asked how they liked things done. During our visit we observed that staff were very attentive, talking to people, showing interest, offering reassurance and support. Staff and the people who used the service were sharing stories and joking together and it was clear that relationships were very positive. One person told us 'the thing that is so great is it's so homely here, really comfortable. The staff are really lovely'.

The activities on offer were varied and took place both inside and outside the home. During our visit we saw staff completing a crossword with a group of people, and later saw a pampering session where people who chose to were having their nails manicured and painted. Later in the day a Pets as Therapy (PAT) dog visited with their owner. The day before, we heard that there had been a trip out to see the snowdrops at Sywncombe. People told us that they liked trips out and found they had good opportunities to participate in activities that they enjoyed. This showed us that people were being supported to be involved in activities that were meaningful to them. It showed us that people were able to be part of their local community. This had a positive impact on their welfare.

There was evidence that staff worked in a way that enabled people who use the service to maintain their dignity, privacy and independence. For example we saw a sign on one bedroom door which told staff that the person did not want to be checked at night time. A signed statement to this effect was in their care records.

We found that people expressed their views and were involved in making decisions about their care and treatment. The manager told us that people can make decisions about their care. For example, people can choose to get up or go to bed whenever they like or have a

bath or shower as often as they wish. We spoke with the kitchen staff about how people were supported to make choices about the food they liked to eat. We were shown a menu which showed that there were options available at mealtimes. The cook told us that they took a flexible approach to meeting people's needs. They got to know people well, and knew their likes and dislikes. Menus were discussed at residents meetings and requests and comments were passed on to the cook. They stated that if someone wanted something different, they could have it as long as it was available. This was verified by a person who used the service who told us 'if you don't like something, all you have to do is say, and he will find you something you do like'.

One visitor that we spoke with said that they felt involved in the decisions made about their relative's care and support and that their preferences were taken into account. They said 'We feel very lucky we found this place.' This meant that people's right to make decisions was protected.

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

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

We observed care and support and saw that staff had a good understanding of people's needs, likes and dislikes. The way in which care was being offered was friendly and polite. Staff that we spoke with confirmed that they get to know people's needs by consulting care plans and by talking with people and their families.

We heard evidence that people are supported to maintain contact with family and friends. For example we were told that one person has a family member come to stay on a regular basis. People had this opportunity because one room was always available for this purpose. We were also told that family and friends gave good support to the home at events and special occasions. This showed us that people's emotional and social wellbeing was upheld.

We looked at three care records for the people who used the service. The home had recently introduced a computerised system to manage its care records. This system comprised an assessment process based on information entered by staff about the person's individual needs and preferences. From this, a care plan was generated which detailed a person's support needs in clear sections such as mobility, dressing, personal care, appetite. Risk assessments were also generated using a traffic light system, red amber, green to indicate the level of risk. Additional sections were added to cover specific issues such as body mapping, weight monitoring or risk of falling. Staff had an individual log on to the system which allowed them a level of access set by the manager. The home expected staff to enter information each day on the daily log. This included an assessment of emotional welfare. This was later used to produce an emotional map over the month. This was used to identify whether people's emotional welfare was maintained and to pick up changes in mood quickly. This is important because a change in mood can be a sign of significant change in some people with dementia. It also helped the home to identify whether people were happy with the care they received.

The home had a system in place to ensure that people's welfare was protected at night.

Each room had a call button system. In addition to this there was a bar code on each bedroom light switch. Staff checking people at night scanned the code and entered care notes onto the system, such as 'sleeping' or supported to use the toilet'. This meant that care at night was effectively monitored and people were safe.

The home sought the advice of outside professionals about people's needs in relation to eating and drinking. For example, a referral to a speech and language therapist had recently been made for a person with swallowing difficulties. This meant that staff had taken steps to ensure that they had good information in order to support people appropriately.

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

Our judgement

The provider was meeting this standard.

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.

Reasons for our judgement

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.

All staff had received training in safeguarding. On the day of our visit a safeguarding of vulnerable adults refresher training course had been arranged in house. We observed that this course was well attended.

People who used the service felt safe. They told us that the manager is approachable. A person told us she felt able to raise any concerns but had not had cause to do so. Another person said "I feel very safe here. I've never felt worried or uncomfortable about anything." We spoke with a visitor who told us that '(the manager) is totally unflappable and takes everything in her stride. I have no doubt that I could raise any concerns and see it sorted out.' This told us that people and their representatives have confidence that the home protected people's safety.

All the staff we spoke with were able to give examples of what abuse is and tell us what they would do if they had concerns. They all described the manager as approachable and confirmed that they believed she would act on any safeguarding concerns they raised. They could follow the correct escalation procedures if they suspected abuse or if they felt someone was at risk, and they also understood the purpose and importance of whistle blowing procedures.

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

Our judgement

The provider was not meeting this standard.

People were cared for by staff who were not supported to deliver care and treatment safely and to an appropriate standard.

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

We looked at a training matrix which showed that staff had good opportunities to attend training related to their work. All but two staff out of 45 had completed NVQ level two. This meant that staff had the skills to care for people well. We saw that there was an induction folder at the home. However, the manager may wish to note that we did not see evidence that a structured induction process was in place.

During our visit, we observed a thorough handover taking place. Staff going off shift informed those coming on what had taken place that morning and what needed to be addressed by staff on the late shift. This meant that the shift was well organised and staff were supported by good information to do their job well. Each person who used the service was discussed which meant that everyone's needs were given consideration in the plan for the day.

We spoke with staff, who told us that the manager was approachable and that they felt they could talk to her. Most staff said they felt she would listen to them and act on their concerns, although one person felt that they were not always listened to and that the management did not always respond to their suggestions.

The home aimed for four supervision sessions per staff member per year. The home was not meeting this target. The records we looked at showed that supervision was not regular and in some cases, rarely took place. Records, where we saw them, were not detailed. The manager told us that they were aware that action was required to improve this. Staff confirmed that supervision did not take place regularly. This meant that staff may not have received proper guidance or support to provide good care to people who used the service. Although some staff we spoke with felt they could talk to the manager, the lack of formal supervision meant that these discussions were not recorded and action taken was not evident.

Assessing and monitoring the quality of service provision

✘ Action needed

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 not meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

And/or

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.

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

Although people who used the service, their representatives and staff were asked for their views about their care and treatment they were not always acted on.

Meetings with the people who used the service, called residents meetings, were held regularly. The minutes of these meetings clearly showed that people's views were sought. However, the minutes had no actions or responsibilities identified, and no outcomes were noted. This is important because people's views about the quality of the service may not be taken forward. There was no action plan and so the experiences of people were unlikely to change.

Questionnaires were sent to relatives on an annual basis, and responses were collated. These were not used to generate action plans and so the views expressed by people were unlikely to influence change.

Staff meetings were held and minutes were taken. However, no action, responsibilities or target dates were noted. This means that there was no evidence that decisions made at these meetings were followed up to improve outcomes for the people who lived at the home.

The computerised care records system was used to audit the care provision within the home. At the end of each month care records were printed out and audited. The visual alerts implicit in the system enabled the manager to identify significant changes that had occurred over the month. She was also able to see outstanding actions required and care plan reviews that were due. This ensured that changes in people's support needs were identified and plans were kept up to date.

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 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting workers
	How the regulation was not being met: Staff were not receiving regular formal supervision (reg 23) (1) (a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision
	How the regulation was not being met: The home had ways in which they sought the views of people, relatives and staff about the care provided. However, there was no evidence that action to change outcomes for people had resulted from these views. (Reg 10 (2)(b) and (e))

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

The provider's report should be sent to us by 08 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

This section is primarily information for the provider

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.

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