

# Review of compliance

Stephen Geach  
Oak View Residential Care Home

|                                 |  |
|---------------------------------|--|
| <b>Region:</b>                  | South East   |
| <b>Location address:</b>        | 47-49 Beach Road<br>Hayling Island<br>Hampshire<br>PO11 0JB  |
| <b>Type of service:</b>         | Care home service without nursing  |
| <b>Date of Publication:</b>     | September 2011   |
| <b>Overview of the service:</b> | <p>The provider is registered to provide the following regulated activity:</p> <p>Accommodation for persons who require nursing or personal care.</p> <p>The service provides accommodation and personal care for up to 34 people who have dementia or a physical disability. The property is a large detached house situated on Beach</p> |

|  |  |
|--|--|
|  | Road on Hayling Island, near to the sea front. |
|--|--|

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Oak View Residential Care Home was meeting all the essential standards of quality and safety.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review because concerns were identified in relation to:

Outcome 04 - Care and welfare of people who use services

Outcome 07 - Safeguarding people who use services from abuse

Outcome 13 - Staffing

Outcome 16 - Assessing and monitoring the quality of service provision

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 1 September 2011, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

### What people told us

People we spoke with told us they were getting the care and support they needed. They said that they were treated well by the staff and that they had no concerns about the way that the service was organised and run.

We observed that staff responded promptly when people pressed the call button or requested assistance. Staff supported people in ways that upheld their dignity and promoted their independence as much as possible. Staff we spoke with demonstrated their understanding of the needs of people who use the service and interacted positively with them. We saw that people could move freely between the communal areas and their own rooms and personalise their rooms with their own belongings.

### What we found about the standards we reviewed and how well Oak View Residential Care Home was meeting them

#### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

People who use the service receive care, treatment and support that meets their changing health needs and upholds their dignity and independence. Overall, we found that Oak

View was meeting this essential standard.

**Outcome 07: People should be protected from abuse and staff should respect their human rights**

Training and support systems were in place to ensure that people who use the service were protected from abuse, or the risk of abuse, and their rights were respected and upheld. Overall, we found that Oak View was meeting this essential standard.

**Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

People who use the service were supported by sufficient numbers of staff, who were receiving supervision and ongoing training to ensure they had the knowledge and skills to meet people's needs. Overall, we found that Oak View was meeting this essential standard.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

There were systems in place to regularly assess and monitor the service being provided and identify any improvements that it may be necessary to make. Overall, we found that Oak View was meeting this essential standard.

**Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

People we spoke with told us they were getting the care and support they needed.

We saw that people had personalised their rooms with items belonging to them. Those we spoke with who were mobile told us they "could come and go as they pleased" between their rooms and the communal areas. During our visit we saw this happening. One person said they had breakfast in bed. Another person who was not mobile confirmed that staff responded appropriately to their needs.

We observed staff supporting people in ways that upheld their dignity and promoted their independence as much as possible. Staff we spoke with demonstrated their understanding of the needs of people who use the service and interacted positively with them.

##### Other evidence

The home's Statement of Purpose encouraged people to bring personal effects to help them feel at home and in familiar surroundings.

The home had a locked door policy in relation to internal doors, which people who use the service or their representatives had individually agreed to. Signed copies of the policy were held in people's care plans. People could get access to their own rooms by using a swipe card or a key pad, or staff could support them to do this.

We looked at a sample of care records for people using the service. These contained

assessments of individual's care and welfare needs and guidance for staff on how to meet them. Monthly evaluations were recorded to check that the information was up to date and any necessary changes had been made. The records also showed the service involved and co-operated with external health and social care professionals to promote people's health and welfare.

We looked at a number of entries in the shift details log, which were records of the care provided to individuals by staff on each shift, in relation to the care plans. The majority of these provided evidence that the care was being delivered to meet the assessed need as stated in the care plan. For example, where a person required being turned in bed every two hours by two staff to help prevent pressure areas, both staff had signed the chart at the time this took place.

Another person's care plan instructed staff to take time to talk with the person on a one-to-one basis and reassure them. It was not always apparent from the daily shift details that this took place. We did observe that staff interacted with people using the service. The Manager said she would remind staff to record such details when they are part of a person's assessed needs.

Individual risk assessments were included in each care plan, including people's mobility and risk of falls and in relation to eating and drinking. The service no longer used bed rails as these had all been replaced by specialist profiling beds.

### **Our judgement**

People who use the service receive care, treatment and support that meets their changing health needs and upholds their dignity and independence. Overall, we found that Oak View was meeting this essential standard.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

People we spoke with were satisfied with the service they were receiving and did not have any concerns.

##### Other evidence

There were individual care plans in relation to personal safety for people using the service.

We looked at the incident log. A member of staff had recorded an incident in April involving two people who used the service. Although one person was no longer using the service, there was no evidence of this particular incident having been followed up and reported to social services. We spoke with the Manager and the Head of Care, who said they had not been made aware of the incident. The Manager said she would follow this up by reminding staff of the importance of ensuring information was passed on correctly.

Another recorded incident showed that the service had responded quickly and appropriately to a situation requiring medical intervention by the emergency services.

Staff we spoke with were aware of the procedures for protecting vulnerable people and told us they would report any suspected abuse to the management. They said that they had received training in safeguarding people and there were ongoing refresher courses on this and other subjects. Staff signed to say they had read the whistle blowing policy.

Staff demonstrated knowledge of how to work with people whose behaviour could sometimes be challenging. This included understanding how to approach and support the person and knowledge of the care plans put in place. We saw examples of when appropriate specialist referrals had been made for further support.

The Manager was able to give examples of how she had followed procedures to ensure people's safety and wellbeing, which included liaising with the local authority safeguarding team, other health professionals and people's families. Our records showed that the service had notified us of incidents when necessary and these notifications indicated that incidents had been managed appropriately.

Financial matters involving people who use the service were dealt with by the head office. The Manager kept records of small transactions carried out on behalf of two people and these included receipts.

### **Our judgement**

Training and support systems were in place to ensure that people who use the service were protected from abuse, or the risk of abuse, and their rights were respected and upheld. Overall, we found that Oak View was meeting this essential standard.

## Outcome 13: Staffing

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 13: Staffing

#### Our findings

##### What people who use the service experienced and told us

People we spoke with told us that they were treated well by the staff and that their needs were being met.

We observed that staff responded promptly when people pressed the call button or requested assistance.

##### Other evidence

The Head of Care explained the staffing arrangements and we saw the staff rota. The numbers of staff on the rota matched those we observed in the home during our visit. The planned rota identified a shortfall in staffing levels for the coming weekend and the Head of Care told us that agency staff were to be employed to cover for staff on leave.

The Manager informed us that staffing levels were assessed according to the needs of people using the service. The Manager was holding interviews for new staff as the service now had capacity to admit two more people. New staff were initially employed for a six month probationary period to ensure their suitability for the role.

Staff we spoke with told us that the current staffing levels enabled them to provide suitable support for people's individual routines, so that no disruption occurred. In addition to the care staff, the service is supported by housekeeping, kitchen and maintenance staff.

Staff told us that each training course was held twice a year to ensure that they were

able to attend on one of the dates. This included refresher courses. We saw a sample of supervision records showing that the Manager had identified when further training was required by individual staff members and arranged for this to take place.

**Our judgement**

People who use the service were supported by sufficient numbers of staff, who were receiving supervision and ongoing training to ensure they had the knowledge and skills to meet people's needs. Overall, we found that Oak View was meeting this essential standard.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

People we spoke with confirmed that they had no concerns about the way that the service was organised and run.

##### Other evidence

As part of the monitoring of the service, it had been identified that care plans needed to be improved. As a result of this, the Head of Care and another member of staff were working on making the plans more personalised and easy to use. The home had employed a quality consultant who had provided templates for care plans and risk assessments, which the service adapted for their own use.

The Manager told us that the service was due to send out the annual quality assurance questionnaire to people who use the service and their representatives.

The previous annual survey had shown that people had felt that healthcare arrangements and how staff were deployed in the home had improved. The previous results had also shown a continued positive response to the way that concerns and complaints had been managed.

The complaints policy was on display in the reception area, including a statement encouraging people to raise any concerns they had with the management.

##### Our judgement

There were systems in place to regularly assess and monitor the service being provided and identify any improvements that it may be necessary to make. Overall, we found that

Oak View was meeting this essential standard.

# What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

|                            |  |
|----------------------------|--|
| <b>Document purpose</b>    | Review of compliance report  |
| <b>Author</b>              | Care Quality Commission  |
| <b>Audience</b>            | The general public   |
| <b>Further copies from</b> | 03000 616161 / <a href="http://www.cqc.org.uk">www.cqc.org.uk</a>  |
| <b>Copyright</b>           | Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified. |

## Care Quality Commission

|                       |   |
|-----------------------|---|
| <b>Website</b>        | <a href="http://www.cqc.org.uk">www.cqc.org.uk</a>                                  |
| <b>Telephone</b>      | 03000 616161  |
| <b>Email address</b>  | <a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>                      |
| <b>Postal address</b> | Care Quality Commission<br>Citygate<br>Gallowgate<br>Newcastle upon Tyne<br>NE1 4PA |