

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: 17 June 2013

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Complaints	✓	Met this standard

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

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'.

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Sotwell Hill House had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Management of medicines
- Supporting workers
- Assessing and monitoring the quality of service provision
- Complaints

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 17 June 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, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

During this visit we spoke with eight people who use the service, three relatives, a visiting professional and three relatives. There were 29 people residing at the home on the day of our visit. We looked at two outcomes that were previously non compliant and three additional outcomes.

We found assessments and care plans detailed people's preferences and choices. One relative told us "they were wonderful here they discussed everything with us". One person told us "I knew all about this place before I came, it is most acceptable the staff are very nice, very pleasing".

We found improvement in the way staff were supported and trained to enable them to deliver good care. One care worker told us "we have supervision at least every six months but I can raise any issues when I need to and the management will always listen to any problems we may have".

We found the service had quality assurance methods in place which involved people, to make sure they maintained and enhanced the quality of the service they were providing.

We saw good arrangements in place in relation to medication procedures. One care worker told us "we are all trained and medication is all very well checked".

We found improvements in how the service monitors and improves its' quality. People we spoke with were happy with the service and knew how to complain if they had a concern. One person we spoke with told us "I would go to the Manager if I had any complaints but I have never had any".

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

More information about the provider

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

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

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at a sample of five care plans. Each person had a pre-admission assessment completed. A summary of the assessment was printed off from the electronic system used by the service and added to the file. Examples of care plan information included communication, nutrition, emotional status and mobility. Care plans detailed peoples preferred times for going to bed and preferred social activities. We spoke with eight people who use the service and three relatives. One relative told us "they were wonderful here they discussed everything with us". One person told us "I knew all about this place before I came, it is most acceptable the staff are very nice, very pleasing".

Care and treatment was delivered in a way that ensured people's health, safety and welfare. Each individual care plan detailed how to minimise risk for the individual. For example, the need for one carer to assist a person with washing and shaving. Care plans and risks were reviewed monthly. Care plans were also up-dated when people's needs had changed. An example of this was; one person's mobility had deteriorated and required care workers to assist with dressing the person. Care workers were seen to be providing care as described on care plans. One care worker we spoke with told us "we always look at the care plans, we review people monthly and fill in daily notes so we know about each person's care".

We found that care workers were familiar with people's healthcare needs and how to meet those needs. People had their personal care and hygiene needs met, we saw for example people had clean hair and nails and their clothing was clean.

We spoke with a visiting health professional who told us "the staff here know the clients very well, they always contact us immediately if they have any concerns, and we monitor clients who requiring pressure care". We looked at health care records. Records showed that referrals were made to chiropodists, GP's and district nurses. Health care professionals told us visits were recorded on files in the person's room.

Detailed daily records were completed for each person. Entries we saw included detail of activities undertaken, any appointments attended, visitors, activities and the general wellbeing of the person.

The Deprivation of Liberty Safeguards (DoLS) were only used when it was considered to be in the person's best interest. The service did not have any DoLS in place at the time of our visit.

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

We were shown the medication room, medication storage, medication fridge, controlled drugs cabinet and medication administration records (MAR sheets). There were appropriate arrangements for obtaining and recording medicines. Medication was ordered by the home on a regular basis. The medication deliveries were checked in by senior staff. Any unused medication was sent back to the pharmacy and records of the returns were kept in the medication procurement book.

Medicines were kept and administered safely. The medication was administered by care workers who had been appropriately trained. A list of care workers who were able to administer medication was kept in the front of the medication administration file. The medication file included photographs of individuals, guidelines and medication administration sheets (MAR). The MAR sheets looked at were up-to-date and accurate.

Medication was kept in locked cabinets and locked trolleys. Controlled medication was kept in a double locked medication cupboard and a controlled drugs book was completed and signed by two staff members. The controlled drugs register was accurate, showing the same amount of medication as was stored in the cupboard.

We spoke with five care workers who all told us they had received training in medication although some were not designated to administer medication. One care worker described in detail would deal with a medication error. Care workers are assessed on their competence of medication by the manager and senior care worker. One care worker told us "we are all trained and medication is all very well checked".

The senior care worker and manager audit the medication records on a monthly basis.

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

Our judgement

The provider was meeting this standard.

People were care for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

When we previously inspected Sotwell Hill House 20 February 2013 we found them to be non compliant with regulation 23 (1) (a) HSCA 2008 (Regulated Activities) Regulations 2010. We found staff were not receiving regular formal supervision.

The provider sent us an action plan. This plan detailed that the provider would undertake supervisions. Supervisions would be scheduled and a supervision matrix put in place for senior staff to monitor progress.

We found that supervision for care workers had improved. Supervision records showed that care workers had formal supervision meetings. We looked at the service supervision policy which stated that each staff member should have a minimum of two supervision sessions per year. Formal supervisions were recorded on a supervision form and included topics such as training and feedback. The five care workers we spoke with all told us that they communicated with each other on a regular day to day basis, in handover sessions and saw the manager whenever they needed to. One care worker told us "we have supervision at least every six months but I can raise any issues when I need to and the management will always listen to any problems we may have". Another care worker told us "I have had supervision recently, I found it helpful but we can go to the manager at any time she is very approachable".

We looked at training records. We looked at the training matrix in place .We saw evidence that care workers had been on training since the last inspection and further training had been booked. Training records showed that staff had completed training in areas such as safeguarding, manual handling and health and safety. One care worker told us "the training here is great, I have done loads and I have completed my NVQ level 2". We spoke with eight people one person told us "the staff here are all very good, very professional and well trained".

The home held staff meeting every three months which covered all aspects of the running of the home such as resident issues, medication, activities and keeping staff informed of any up-dated or new policies and procedures.

Care workers told us that they felt valued and were able to contribute to improving the

quality of care in the home. They told us that it was a good place to work and they gave good care to people. One person told us "the staff here are really very nice, they are so patient and they take the time to talk to me".

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

When we previously inspected Sotwell Hill House on 20 February 2013 we found them to be non compliant with regulation 10 (2) (b) HSCA 2008 (Regulated Activities) Regulations 2010. We found 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.

The provider sent us an action plan. This plan detailed that the provider would collate all responses in the annual survey and undertake an action plan.

People who used the service were asked for their views about the care and treatment provided and these were acted on. The manager completed quality assurance questionnaires on an annual basis, we saw the most recent one had been sent out in April 2013, 16 responses had been received to date and they had collated the responses. The manager was in the process of completing an action plan. One survey had suggested the introduction of a toy box for residents and visitors, this had been completed.

Staff were asked for their views about the service through supervisions, staff meetings and day to day contact. Staff told us they could make suggestions and we observed this in a handover. An example of this was the suggestion to have a medication trolley on both floors instead of just one and this was done.

An electronic records system was used in the home and we saw examples where the system was used to audit people's weights and emotional state. This meant the home could quickly identify and react if there were any changing trends in care delivered in the home.

Oxfordshire Council had recently completed a monitoring visit report and the home used the comments in this report to audit the progress of 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. We saw the complaints procedure.

We looked at complaints records. These were readily accessible, well structured, and included details of the complaint, investigation and outcome. The complaint and actions taken to investigate and resolve the complaint were recorded in accordance with the policy and procedure. There had been two complaints recorded since May 2012, these had been completed in accordance with policy and procedure.

Management staff we spoke with described what actions would be taken to investigate and resolve a complaint in accordance with the policy and procedure.

People who used the service and their relatives told us they had no complaints but would talk to the manager or care workers if they had any complaints or concerns. One person we spoke with told us "I would go to the Manager if I had any complaints but I have never had any, they always tell us we must say if anything at all is wrong".

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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