Inspection Report

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

Oak View Residential Care Home

47-49 Beach Road, Hayling Island, PO11 0JB Tel: 02392465473

Date of Inspection: 30 May 2013 Date of Publication: July 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
Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety, availability and suitability of equipment	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Stephen Geach
Registered Manager	Mrs. Rachel Adey
Overview of the service	Oak View is a 34 bedded care home for older people who may have dementia. It is situated on Haying Island near the sea front. It has many ensuite rooms and some double rooms.
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 30 May 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.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We carried out an inspection on 30 May 2013. At our last inspection we found that the provider was non-compliant in a number of outcome areas. During this inspection we found that the provider had made the improvements to ensure that they were compliant in all of these areas.
On the day we visited there were 32 people living at the home, some of whom had memory impairment and or a physical health problem. During our inspection we spoke with the manager, four staff members, one relative and four people who use the service.
We saw that the home was clean and well maintained. We observed people doing activities in their rooms, for example one person was listening to their favourite music. People were able to participate in activities in the communal areas of the home including quiz games and singing. People were able to personalise their rooms with their own possessions.
We saw that the home had in place risk assessments for the use of equipment to support people in living independently. We saw that people had their care discussed and agreed with them.
During the lunchtime we used our SOFI (Short Observational Framework for Inspection) tool to help us see what people's experiences at mealtimes were. Staff were observed assisting people in a calm, friendly and polite manner. People were given choices about the food they would like to eat and were given reassurance and support as needed.

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

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

People expressed their views and were involved in making decisions about their care and treatment. People told us they were consulted about the care they received and that they were given opportunities to express their wish for any changes to their care. One person told us, "Staff always let me choose what I wear but usually I let them choose as I can never decide." Another person told us, "I get out of bed when I choose, I had a long lie today."

We looked at seven care plans for people and a 'Record of Consent, Care, Support and Treatment form' was included in all records. Mental capacity assessments had been completed for people who, under the mental Capacity Act 2005, were unable to make informed decisions about their care. Representatives for these people had been appointed and supported people to be involved in their care planning and decision making.
We saw that people had their privacy and dignity maintained whilst being supported with personal care. We saw that each person's care had been assessed and a personalised care plan devised for them. This ensured staff were aware of people's individual needs and choices.
We saw that staff respected the privacy of people and knocked before entry to any bedroom. We saw that bedroom doors remained closed at all times and had keypad locks to allow privacy for people. This was provided in response to request from people and their representatives to ensure privacy in bedrooms, particularly at night time. We saw that this had been documented and agreed with people and their representatives within care plans. Staff told us that they would always accompany people who were not able to use the keypad to gain entry. Exit from all rooms was unhindered by this system and people could leave their rooms freely.

People were supported in promoting their independence and community involvement. People were supported to take part in activities if they wished and a staff member told us

all people were involved in activities organised by staff as they chose to participate. Since our last visit an activities coordinator had been employed and staff told us a wide range of activities were available for people including reminiscing therapies, drawing, games and external entertainment. One person told us, "I have been drawing all my life, I can sketch anything and now I can do that here anytime." We saw that this art work was on display for others to enjoy and the person told us, "I am very proud to put my work on display." We observed a quiz session taking place during our visit. We saw that staff actively encouraged people to engage in the activities provided. The manager told us of forthcoming community events including a garden party and National Care Home Day activities. Staff also told us that they celebrated birthdays and special occasions with tea parties.

Staff told us, "We are just like a big family and encourage relatives to come and spend time with us. One family spent Christmas day with us." One person told us, "I am so very happy here and it really is my home."

A visitor told us, "This is such a welcoming environment and everyone is treated with such dignity and respect."

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.
Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

We observed people consenting to treatment such as medication administration, personal care support and managing their nutrition needs. Staff supported these needs in a calm, dignified and respectful way. People told us they were offered choice and were able to decide on a day to day basis how they lived their lives.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. At our last inspection the majority of people had not been assessed regarding their capacity to make decisions and this left them at risk of not being involved in their care. We looked at seven care plans for people and a 'Record of Consent, Care, Support and Treatment form' was included in all records. This recorded the capacity of people to make informed decisions under the Mental Capacity Act 2005. For those unable to make decisions it was clearly identified who their representative was. This ensured that people were supported to be involved in their care planning and decision making. Care plans included records of 'Best Interest' decisions made for people with clear information from people and their representatives about the choices being made.
The care plans we observed identified clear support guidance for staff to support individuals in the way of their choice. We saw personalised statements from people, particularly on their admission to the home, stating their choices.

The provider may find it useful to note that the home did not have a system where people or their representatives signed individual care plans in acknowledgement of their agreement to the care.
Staff confirmed to us that they sought consent from people before supporting them and always supported independence and individualised care.

We observed that relatives were involved in discussions and decision making with people and the staff as this was recorded in the person file.

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

At our last visit in January 2013 we saw that people were at risk of not always receiving the care, treatment and support that met their needs and protect their rights as instructions about the support staff should give were not clear or were omitted.
The provider sent us an action plan in February 2103 telling us what they would do to ensure that the service provided ensured the welfare and safety of people. For example all care plans were to be reviewed in full to ensure all information was current and reflective of people's needs. At this inspection we saw that the provider had made the relevant improvements to ensure that they were compliant with this outcome.

We found that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care plans for seven of the 32 people living at the home. Care plans included a detailed assessment of the person's needs that included their physical, personal and mental health needs. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that care plans had been reviewed regularly and daily records were completed for each person. These records detailed that the care plans were being followed by care staff.

We saw that daily records reflected care in accordance with care plans for people. For example three people being cared for in bed on the day of our visit were regularly monitored and supported to change position by staff. Care plans and daily charts reflected the higher level of care being provided for these people.
Staff we spoke with were able to demonstrate that they understood people's needs.We saw that one person liked to have a V shaped pillow behind their head when on their bed and also liked to have the radio on. Staff had ensured both were in place and this was reflected in their care plans and records.

Any risks had been identified through an assessment and there was action for staff to take to lessen those risks. For example where someone was at risk of pressure areas and had equipment in place, there were instructions for staff on using the equipment to assist with skin integrity for that individual.

People told us staff gave them the help and support they needed. One person was seen to be constantly walking around the home and in need of reassurance and observation throughout the day. Staff were attentive to this person whilst encouraging them to participate in activities provided. We saw staff treating this person in a calm and dignified way.
Staff told us that they felt people received very good care in this home and that staff knew the people very well. Staff we spoke with told us they had opportunities to discuss people's needs at handover meetings and in staff meetings. Staff meeting notes were reviewed. We saw that staff had the opportunity to discuss concerns at hese meetings and actions were followed up by the manager.

People we spoke with told us that all the staff were very kind. We saw that people had access to call bells to request assistance when not in a communal area and that these calls were responded to promptly.

One visitor told us that, 'They are very well looked after here and there is a lovely atmosphere when I come in."

We observed a support worker from an external organisation provide a quiz session during our visit. People told us that they had enjoyed this very much. One person told us there was a lot of different things to do in the home and they participated when they wanted to. An activity coordinator visited the home three days per week in the afternoons to support a range of activities including games and reminiscing therapies. There were a variety of pictures and information sheets around the home to support reminiscing therapies throughout the day.

Safety, availability and suitability of equipment ✓ Met this standard

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

People were protected from unsafe and unsuitable equipment because the provider had in place robust schedules for maintenance and management of these items.
We saw that safety equipment in place to support people's care needs such as profile beds, hoists, bed rails and stair lifts were well maintained. We saw that maintenance contracts were in place. Service stickers were seen on hoists and air mattress pumps in use. The stairlift and fire appliances had been serviced.

We saw that people who required specialised bed equipment had it provided and risk assessments were in place to ensure people's safety when this was in use. For example, two people seen to be cared for in bed with air mattresses to reduce the risk of skin damage had been appropriately assessed for these by care staff. Air mattresses were set correctly using regular weight measurements to ensure they were correctly set. Bed rails in place had protection covers to reduce risk of injuries and risk assessments were in place. No safety issues had been raised with equipment and the manager was aware of how to deal with these should they arise.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

When we visited in January 2013 we saw that people were receiving care from staff that may not have been suitable as the recruitment and the induction processes were not robust. At this insection we saw that the provider had made the improvements required to ensure compliace with this outcome.
We saw that appropriate checks were undertaken before staff began work and personal folders on all staff held clear information on their recruitment and training processes. We looked at the recruitment files for seven staff. We saw that staff files contained an application form, two references, proof of identity, interview questions and answers. Each person file contained a record of a Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) check. All files were organised to incorporate all appropriate records prior to employment. No care worker commenced work before the correct Disclosure and Barring Service (DBS) information had been received.

Staff told us that the induction program they had been through very much prepared them for the role they were expected to carry out. Staff files contained evidence of an induction.

Supporting workers ✓ Met this standard

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

Reasons for our judgement

The provider had secured high standards of care by creating an environment where clinical excellence could do well. A senior staff member supported the lead on high standards of care within the home and staff told us they felt very supported in their roles.
Staff had a supervision meeting every four to six weeks with the manager. They also received an appraisal once a year which staff confirmed they found very supportive.
Staff we spoke to told us how they would report any concerns they may have and would discuss these either at handovers, with the home manager or in supervision or team meetings as they felt they needed to.
Staff we spoke with told us that they were able to approach the manager if they had any concerns and were confident that any concerns would be looked into. We noted that there was a very low turn over of staff within the home and that staff morale appeared to be good. One staff member told us, "You could not wish for a more supportive or kind manager than ours."
Staff received appropriate professional development. We looked at training records for staff. Training had been provided in a range of relevant subjects and staff confirmed they had access to a variety of training courses both internal and external.

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 service that people receive

Reasons for our judgement

When we visited in January 2013 we saw that the provider did not have an effective system in place to regularly assess and monitor the quality of the service that people received. This placed people at risk of not receiving the support and care that they need. On our visit in May 2013 we saw that the manager had introduced a robust audit and review tool to ensure the quality of the service provided. For example infection control audits and regular updates and review of care plans had been done since our last visit. This work was on-going and systems in place ensured clear information would be available for this outcome at future inspections.

People who use the service, their representatives and staff had been asked for their views on the service and this was a work in progress. Initial feedback from people was very positive for the manager. The manager told us that an action plan will be completed from all replies. A comments box was available for any person to submit comment about the home or service provision.

We saw that there were no complaints recorded in the twelve months prior to our inspection and that a complaints procedure is visible in the home for anyone to see. A relative told us that they knew how to make a compliant but had never had the need to. The manager was very responsive to verbal feedback from people and their representatives.

There was evidence that learning from incidents/investigations took place and appropriate changes were implemented. An accident log was noted and reviewed after each event by the manager. Patterns in incidents were noted by the manager or senior staff and reviewed with the person, family and senior staff as needed. For example, one person who had had many falls was seen to have a clear action plan including the wearing of protective headgear, following repeated incidents.

Significant incidents were reported on accident forms to the manager who reviewed and managed these, for example falls and injuries. Falls management tools were available in

care plan documentation for individuals. The manager told us that home was about to participate in a multidisciplinary review and audit of falls within the care setting with local NHS Providers. People who fall had full assessments in their care plans and are referred to healthcare professionals as required.

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.

Contact us

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