

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: 21 August 2013

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We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

Care and welfare of people who use services



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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Care and welfare of people who use services	5
About CQC Inspections	7
How we define our judgements	8
Glossary of terms we use in this report	10
Contact us	12

Summary of this inspection

Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

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 21 August 2013 and talked with staff.

What people told us and what we found

This visit took place in response to concerns raised with us. We were told that the home's management had instructed staff to get people up from 4am as there were insufficient numbers of day staff coming on duty in the morning to assist people to get up.

We visited the home at 5am and found that people living at this home were asleep in bed.

We spoke with staff and the manager. We were unable to speak to any people living at the home as we were told they were asleep. The home was quiet and we did not see any people who were living at this home.

We looked at five people's care records. These were personalised and showed that people were offered choices as to when they got out of bed.

We saw that staff checked people at the home hourly through the night. Records showed any support people required at these times and clearly identified when people had chosen to get up.

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.

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

Reasons for our judgement

We looked at this outcome due to the information we had received. It was alleged that staff had been instructed by the manager to wake people up at 4am as there were insufficient numbers of day staff coming on duty in the morning to assist people to get up.

We visited the home at 5am and staff told us that people living at the home were asleep. People could call care staff for support at any time using the electronic call system.

During our inspection we spoke with the manager and three members of staff on duty. We were unable to talk to any people who lived at the home as we were told they were asleep. The home was very quiet with no people in the lounge or dining areas.

Two members of care staff were present on this night duty with a senior member of staff sleeping on the premises in case of emergencies. Staff told us that this person was always available if they required additional support through the night. The senior staff member and the registered manager spoke with us during our visit and confirmed this.

We spoke with staff who told us that all people living at the home were checked hourly through the night and were supported to choose when they went to bed and get up in the morning. We saw that records of these checks were kept and these records had been reviewed daily by senior staff or the manager.

If a person in this home decided to get up through the night we saw that this was documented and that staff encouraged people to maintain night hours as a quiet time. For example one person did not like to sleep in the dark and so we saw that their bathroom light was left on to reassure them. This allowed them to sleep well. Staff were aware that this was their preference and this was documented in their care plan.

At this inspection 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 five care plans of people living at the service and found that they all had clear information on

sleeping patterns and routines. These plans had been agreed with the people living at the home or their representative.

Staff knew the people who lived at this home well and were able to identify people with specific needs early in the morning and how these could be dealt with.

For example, staff told us of one person who often got confused in the lighter mornings and would ask to get up before 6am. Staff told us how they would reassure this person, orientate them to time and allow them to decide whether to get up from their bed. Staff told us that they would respect the choice of the individual ensuring that they had all the information to make an informed choice.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Staff told us that if people were in bed when the day staff came on duty then this was not an issue as the home provided 24 hour support for people. We saw from daily records that there was no regular pattern to people getting up early or having a later breakfast. People were offered choices and this was supported by their care plans.

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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