

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

Oakhaven Residential Care Home

136-140 Hales Road, Cheltenham, GL52 6TB

Tel: 01242528377

Date of Inspection: 19 September 2013

Date of Publication: October 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
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ 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	Oakhaven Residential Care Home
Registered Managers	Mrs. Megan Elizabeth Gardner Mr. Ralph Holland
Overview of the service	Oakhaven Residential Care Home, is a detached building located in the suburbs of Cheltenham, providing accommodation and care for up to 27 older men or women.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 19 September 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

There were 24 people living in the home at the time of our inspection. During our visit to the home we spoke with 12 people and eight staff. We also made our own observations throughout the visit.

People who lived in the home were positive about the service and said they were treated with dignity and respect. Each person commented they were happy living in Oakhaven. People said they could talk to staff to make changes to their care and that staff treated them as individuals.

People told us they had good relationships with the staff and were able to talk to staff if they had any worries or concerns. Staff were able to tell us what action they would take if they saw anything which might affect the well-being of the person using the service.

The records held by the service were complete, well set out and kept up to date. This helped and supported staff to maintain the comfort and well-being of people using the service.

Systems were in place for monitoring the service and collecting people's views on the quality of the care they received. The registered manager and the owner were regularly in the home and people's views were surveyed through annual questionnaires. The summaries of the survey were published so people could read the actions taken by the home to make changes or improvements to the service.

Having assessed the available evidence, we considered the service demonstrated how it met the safety and care needs of the people living in the home.

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 using the service could be involved in decision making about their care and have their views and experiences taken into account in how the service was run.

Reasons for our judgement

During our inspection of the home we met with 12 people who told us the service was either excellent or very good. One person said "It's very nice here, they look after you very well." We asked people living in the home if they were treated with respect and felt valued. Those who responded said they were. One person said "Yes, staff call me by my name of choice" and "The staff are lovely." Another person said "Staff keep asking what they can do for me." Whilst we were in the home we regularly observed staff knocking before entering people's bedrooms. We observed staff knocking on open doors before entering bedrooms so that the person in the room could still give their permission for the staff to enter their room. We observed a member of staff entering a room and saying "Sorry, that I was delayed." This demonstrated staff approaching people using the service in a respectful manner.

We observed that people were offered choice by the staff. For example one person decided they wanted biscuits to go with their breakfast and the member of staff responded by saying "Yes, I can go and get you a biscuit, I'll go and get you one now." We also observed a member of staff who was about to carry out personal care in a person's bedroom asking "How can I assist you today?" Whilst another member of staff was offering a person a range of choices on planning for their evening meal and agreeing to provide a meal which was not on the menu we had viewed earlier.

Throughout the inspection we saw staff communicating with people at a suitably, relaxed pace and providing unhurried care for people in the home. For example one member of staff said to a person using the service "so you're still thinking it through? Ok then, I'll be back later."

We asked three staff how they ensured people were treated respectfully. One told us they maintained people's dignity by explaining "I always ask the resident what they want done for them today, and how they want it done. If they refuse care, it's their choice, so you walk away and try again later." Staff also told us they looked at people's care plans which

ensured they delivered the care that each person had been assessed as needing. A summary of the care plan was also available in the peoples' bedrooms. One member of staff told us "I have been through the care plans and know the resident's needs. But I still ask them what would they like."

People were made to feel included. They were given information about the home and the service they could expect. There were information booklets in the bedrooms we visited telling people of recent events, future activities and some information about the staff's interests outside of work. There were also monthly residents meetings. We saw the minutes from these meetings and one person said "I attend and can make things different."

We spoke to people about activities in the home. One person said they occasionally joined in whilst another said "the staff come to my room and we do things together." We observed staff spending time with people in their rooms carrying out structured activities. The home's activities organiser spent some of her time going into peoples' bedrooms to give them "quality time" on a one to one basis. The information bulletin informed people of future activities and we saw information about the daily afternoon activities being displayed on the notice board in the main hallway. The activities for the week included live music, quizzes and armchair exercises. Musical activities were regularly provided by external organisations.

We saw there were opportunities for community involvement and other interests. One person told us how the home supported her to maintain her interests out in the community. "I like to go and see plays, and the owner has got me a ticket for a play and has arranged transport for me." We were shown the photographs which recorded several of the residents' trips out this year. Trips included people from the home going to local tearooms, trips into the countryside and local towns. We were shown a resident's survey which had collected their religious needs, which was a response to the changing views of people in the home.

The people using this service could expect to be respected as individuals and be supported by the staff in a dignified way.

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

Our judgement

The provider was meeting this standard.

People who used the service got effective, safe and appropriate care, treatment and support that met their individual needs.

Reasons for our judgement

People told us they were happy with their care as one person told us "Staff are very good" whilst another said "I can make my own choices."

We saw the care records containing the assessment of people using the service which helped to identify their care needs. The information we reviewed in the care plans indicated that staff were able to identify, review and deliver individualised care and support to each person. The three care plans we saw contained a range of relevant information such as daily living assessments, personal relationships, also likes and dislikes. People were involved in changing their care as one person said "yes, I am involved in my treatment, I get asked my opinion and views" whilst another said "To make changes, I ask and the staff respond. They are good and helpful." The initial assessments we viewed contained personal profiles about the person's likes and dislikes. We noted that these were checked and updated regularly. We saw evidence of reassessments which included changes to people's care plans to reflect their changing needs. This meant that staff were made aware of changes and could respond to these as part of their care delivery.

We saw that individual records contained detailed risk assessments in relation to certain aspects of people's daily living activities. For example, a risk of falling had been identified with a clear and detailed plan of how to minimise this risk. We also saw regular risk assessments of the person's skin condition and their nutritional needs. We saw that each risk assessment was linked to the care plan. The information recorded demonstrated that staff had information to guide them in the delivery of care that minimised risks to people and helped ensure their wellbeing. Having reviewed the care records, the registered manager planned to review the documentation to reduce duplication of some of the care information.

We saw evidence of multi-disciplinary notes and health care appointments in people's care records. We were told that the GP, district nurse and nutritionists were involved to provide specialist treatment and care. On the day of inspection one of the people using the service had an eye appointment and another was deciding what action to take after having been to visit a hospital consultant. This indicated that people were supported to access expert advice appropriate to their needs and help keep them well.

We asked how staff kept up with research and good practice to benefit people using the service. This was done by the registered manager attending courses such as nutrition in dementia and sharing the information with her colleagues. The service accessed websites containing care information, advice and guidance. Staff also used other ways of keeping up to date, which included attending external courses or a trainer coming to the home. This was confirmed by the staff we spoke with.

We saw that emergency procedures were in place. These explained how the service would respond in the event of a number of different situations in which the whole or part of the home may be affected. The home's business continuity plans included dealing with gas leaks, flooding, fire and evacuation of the home. There was some detailed information in the procedures, which included the location of all the stop cocks in the event of flooding and the people that staff had to contact to help them in an emergency. People using the service could be confident they would be protected and risk kept to a minimum in the event of an emergency affecting their accommodation.

The care documentation and the way the service was organised meant the wellbeing and safety of persons using the service were maintained.

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

Our judgement

The provider was meeting this standard.

People were protected from abuse by the systems set up in the home. Staff training helped them to understand the need for keeping people safe from abuse.

Reasons for our judgement

We asked five people using the service what they would do if they saw an incident or had an experience with a member of staff, which worried or concerned them. Three informed us they would talk to the registered manager if they were unhappy and were aware of the complaints procedure; whilst the other two could not recollect the procedure but felt they would be heard and supported by the staff. One person said "I would talk to the staff and take it further if I was not happy with the response" whilst another said "I would go to the person in charge." Information on sharing complaints and concerns was displayed in the public area of the home. The registered provider informed us of his intention to develop the current complaints procedure into an easy read format.

We spoke with three staff and asked them what they would do if a safeguarding issue was brought to their attention. Staff confirmed they would report such an allegation to the registered manager, and described their responsibilities for keeping the person who was involved in the incident, reassured and safe. Staff told us they had received safeguarding of adults training. The registered manager informed us staff had received their safeguarding training in the last year and new staff received abuse awareness training as part of their induction programme. We were shown the staff training plan and the records we selected showed staff had attended safe guarding training.

The staff had training on the Mental Capacity Act (2005) and deprivation of liberties training. This Act exists to protect the legal rights of people who may have impaired capacity to make their own decisions. Staff had an understanding of this Act in case they needed to support someone who had reduced capacity to make decisions in their lives.

We were told that where a person lacked the capacity to make decisions the home involved the person's GP and relatives. We saw a care record which contained a record of the discussions and decisions which had been made on behalf of a person unable to represent their own views. We saw the assessment of a person's mental capacity, the points which had to be considered and the review date of this assessment. We also saw written confirmation from relatives supporting the care planned for a person living in the home who was unable to make their own decisions.

We saw the safeguarding of vulnerable adults policies and procedures. The procedures

contained the names and telephone numbers of the people who had to be contacted if a safeguarding issue arose in the home.

The information we reviewed and evidence based upon our discussion with staff and people using the service indicated that the provider had taken reasonable steps to safeguard people from abuse.

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

Five of the people we spoke with said they liked the staff and they did a good job. Comments we received from people included "The staff are very good, and they look after you well." We were told by another person "The staff respond to my requests and are good and helpful." Another resident said "Staff are very good, they come to help me; I only have to ring the call bell."

The home had systems in place which ensured that staff were supported effectively. We spoke to three care staff who all told us they felt well supported in their roles. They told us they had regular supervision meetings with senior staff at the home. Staff told us that through supervision they could make requests which would help develop their knowledge and felt the service supported their requests. Both staff and the registered manager could describe to us the requests that the staff had made to develop their knowledge and skills base. One member of staff told us "My career is going as planned. The service encourages me, I feel supported and able to talk to any senior staff."

We saw from records that supervisions meetings had taken place and that supervision meetings were planned to occur in line with the organisation's policy. We saw detailed policies on supervision and staff training and development. Supervision sessions and yearly appraisals were recorded and securely stored in the registered manager's office. The registered manager described various styles of supervision which included direct supervision of staff's work and working alongside staff. We saw a variety of records which were signed and dated showing that the registered manager regularly assessed the quality of the staff's work.

The home ensured that staff were provided with training appropriate to their role. From viewing the records and talking to a new member of staff we confirmed that the service provided new starters to the home with a five day training program and supervision from a more experienced member of staff. We saw some of the records which assessed staff's skills against the common induction standards and the staff we spoke with were able to describe some of the knowledge required by the standards.

Viewing the records confirmed to us that the registered manager was regularly monitoring staff training to ensure that it was a priority for the home. We saw from records that staff

training was up to date and staff we spoke with confirmed this. The registered manager had records which provided us with planned training dates for staff whose training needed updating. The registered manager told us that staff were encouraged to develop their formal training. This meant that staff were able to obtain further relevant qualifications to progress their careers..

The registered manager told us that they had regular staff meetings at the home. We saw the minutes of a staff meeting which were informative and detailed in the information which was discussed. We saw that the minutes included staff training, practical improvements to the service and evidence where staff were able to express their views. We saw that two meetings were planned in one week to help ensure all staff could attend. Staff we spoke with felt their opinions were listened to and acted on.

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

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.

People who used the service benefitted from a provider who monitored the quality of the service, identified, monitored and managed any obvious risk to people using the service.

Reasons for our judgement

We discussed the arrangements which were in place to identify, assess and manage risks to health, safety and welfare to the staff and people living in the home.

People's views of the service were collected in an annual survey. We saw the results of the most recent annual satisfaction survey returned by people using the service. One of the questions asked if people felt they were being treated very well and 15 out of 17 said they were. All 17 people who responded to the survey said they felt respected by the staff. Another survey was being planned by the home and it would be containing a different set of questions asking people for their views about a different part of the service.

People told us they were happy with the quality of the service they received from the home. Comments included "I'm happy here, it's very nice here" and "They look after you well." The service had a folder for recording and reviewing complaints and compliments. The people we asked said they knew how to make a complaint or if they could not describe the complaints procedure, knew how to ensure their views would be heard. There had been no recent complaints but the service provided us with 17 written compliments received by the home this year. Some of the compliments were personal and all were appreciative of the service provided by the home.

The records we viewed showed that accidents had been kept to a minimum, risks had been assessed and action taken where necessary to reduce the risk. The accident records were then audited to see if there were any significant trends or contributing factors. There were also several different types of risk assessments in people's care plans. This meant the people in the home were kept safe from exposure to avoidable harm.

We viewed the generic risk assessments for the home, which were comprehensive and up to date. Any defect was identified and had an action plan to sort it out. We saw up to date maintenance records, equipment checks and service checks. The home had a comprehensive quality control system. Staff regularly recorded that work to maintain the quality of the service had been done and these declarations were then monitored by the registered manager as part of their monitoring system.

We asked if the home had received expert advice, or had visits from professionals to assess the quality or safety of the service. We were told that an officer from the Health Protection Agency had visited and provided a satisfactory report.

The services in the home were audited annually. We saw parts of the assessment manual used by the home to audit and collect data which would produce the annual quality report for the service. The registered manager explained how they used the report to ensure the home was well maintained for the wellbeing of people using the service.

Collecting people's views and carrying out detailed checks of how the service was run meant people lived in a comfortable, safe environment.

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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